IN LIEU OF FORM CMS-2552-96(04/2005) PREPARED 6/27/2009 7:51

FORM APPROVED
OMB NO. 0938-0050

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH Ι PROVIDER NO: I PERIOD I INTERMEDIARY USE ONLY DATE RECEIVED: I FROM 1/ 1/2008 I --AUDITED --DESK REVIEW I TO 12/31/2008 I --INITIAL --REOPENED CARE COMPLEX Ι 14-0075 COST REPORT CERTIFICATION Ι Т INTERMEDIARY NO: I --FINAL AND SETTLEMENT SUMMARY Ι 1-MCR CODE Ι I 00 - # OF REOPENINGS Ι

ELECTRONICALLY FILED COST REPORT DATE: 6/27/2009 TIME 7:51

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISIONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

MICHAEL REESE HOSPITAL

14-0075

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE		TITLE		TITLE
	V		XVIII		XIX
			Α	В	
	1		2	3	4
1 HOSPITAL		0	-752,956	148,519	14,361,996
2 SUBPROVIDER		0	0	0	6,455,343
2 .01 SUBPROVIDER II		0	10,203	0	346,563
100 TOTAL		0	-742,753	148,519	21,163,902

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

IN LIEU OF FORM CMS-2552-96 (12/2008)

O: I PERIOD: I PREPARED 6/27/2009

I FROM 1/ 1/2008 I WORKSHEET S-2

I TO 12/31/2008 I PROVIDER NO: Ι HOSPITAL & HOSPITAL HEALTH CARE COMPLEX I 14-0075 IDENTIFICATION DATA

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2929 SOUTH ELLIS AVENUE 1.01 CITY: CHICAGO P.O. BOX: ZIP CODE: 60616-COUNTY: COOK

1.01	CITY. CHICAGO	STATE. IL ZIF	CODE. 60616-	COUNTY. CO	UK				
HOSPIT	AL AND HOSPITAL-BASED COMPONE	ENT IDENTIFICATION;			DA	ΓE	_	MENT S	SYSTEM R N)
	COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER		IFIED		XVIII	_
02.00	0 HOSPITAL	1 MICHAEL REESE HOSPITAL	2 14-0075	2.01		3 7/1966	4 N	5 P	6 0
03.00	SUBPROVIDER	MICHAEL REESE PSYCHIATRIC UNIT	14-S075		7/ :	1/1985	N	Р	0
03.01	SUBPROVIDER 2	MICHAEL REESE REHABILITATION UNIT	14-T075		7/ :	1/1985	N	Р	0
17		- (nana) 1 / 1 /2000	12/21/2	200					
17	COST REPORTING PERIOD (MM/DD	D/YYYY) FROM: 1/ 1/2008	TO: 12/31/20	008	1	2			
18	TYPE OF CONTROL				4	-			
TVDE O	F HOSPITAL/SUBPROVIDER								
TIPL O	1 HOSFITAL/ SUBFROVIDER								
19	HOSPITAL				1				
20 20.01	SUBPROVIDER SUBPROVIDER II				4 5				
20.02	505. 10715211 11								
OTHER :	INFORMATION	5 EITHER (1)URBAN OR (2)RURAL AT THE	END OF THE COST	T DEDORT DEDICE					
21		AL IS GEOGRAPHICALLY CLASSIFIED OR LO							
	YOUR BED SIZE IN ACCORDANCE	WITH CFR 42 412.105 LESS THAN OR EQU							
21 01	COLUMN 2 "Y" FOR YES OR "N"	FOR NO. AND IS CURRENTLY RECEIVING PAYMENT FO	OR DISPROPORTION	NATE					
21.01		ACCORDANCE WITH 42 CFR 412.106?	OK DISTROTORTION	VATE	Υ				
21.02		A NEW GEOGRAPHIC RECLASSICATION STATU							
) FROM RURAL TO URBAN AND VICE VERSA? LUMN 2 THE EFFECTIVE DATE (MM/DD/YYY)							
21.03	ENTER IN COLUMN 1 YOUR GEOGR	RAPHIC LOCATION EITHER (1)URBAN OR (2	2)RURAL. IF YOU	ANSWERED URBAN					
		RECEIVED EITHER A WAGE OR STANDARD OF THE RESEARCH OF THE RESE							
	IN COLUMN 3 THE EFFECTIVE DA	ATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DO	DES YOUR FACILIT	TY CONTÁIN					
		ANCE WITH 42 CFR 412.105? ENTER IN CO	OLUMN 4 "Y" OR '				N.	1607	4
21.04	COLUMN 5 THE PROVIDERS ACTUAL FOR STANDARD GEOGRAPHIC CLASS	SSIFICATION (NOT WAGE), WHAT IS YOUR	STATUS AT THE	1 N			N	1697	+
	BEGINNING OF THE COST REPORT	FING PERIOD. ENTER (1)URBAN OR (2)RUF	RAL		1				
21.05		SSIFICATION (NOT WAGE), WHAT IS YOUR ERIOD. ENTER (1)URBAN OR (2)RURAL	STATUS AT THE		1				
21.06		FOR THE 3-YEAR TRANSITION OF HOLD HAF	RMLESS PAYMENTS		-				
		DER THE PROSPECTIVE PAYMENT SYSTEM FO			NI.				
22	ARE YOU CLASSIFIED AS A REFE	RA SECTION 5105? ENTER "Y" FOR YES, A ERRAL CENTER?	AND N FOR NO.		N N				
23		A TRANSPLANT CENTER? IF YES, ENTER CE			N	, ,		, ,	
23.01	COL. 2 AND TERMINATION IN CO	FIED KIDNEY TRANSPLANT CENTER, ENTER	THE CERTIFICAL	ION DATE IN		/ /		/ /	
23.02		FIED HEART TRANSPLANT CENTER, ENTER 1	THE CERTIFICATION	ON DATE IN		/ /		/ /	
33 03	COL. 2 AND TERMINATION IN CO		THE CERTIFICATION	ON DATE IN		/ /		, ,	
23.03	COL. 2 AND TERMINATION IN CO	FIED LIVER TRANSPLANT CENTER, ENTER 1 DL. 3.	IIIL CERTIFICATIO	ON DATE IN		/ /		/ /	
23.04		FIED LUNG TRANSPLANT CENTER, ENTER TH	HE CERTIFICATION	N DATE IN		/ /		/ /	
23.05	COL. 2 AND TERMINATION IN CO	LANTS ARE PERFORMED SEE INSTRUCTIONS	FOR ENTERING C	ERTIFICATION		/ /		/ /	
	AND TERMINATION DATE.					<i>'</i> , <i>'</i> ,		· · ·	
23.06	COL. 2 AND TERMINATION IN CO	FIED INTESTINAL TRANSPLANT CENTER, EN DL. 3.	NTER THE CERTIF	ICATION DATE IN		/ /		/ /	
23.07		FIED ISLET TRANSPLANT CENTER, ENTER 1	THE CERTIFICATION	ON DATE IN		/ /		/ /	
24	COL. 2 AND TERMINATION IN CO		DO NUMBER THE COL	LIMN 2 AND				, ,	
24		MENT ORGANIZATION (OPO), ENTER THE OF FIFICATION DATE (AFTER 12/26/2007) ir						/ /	
24.01		PLANT CENTER; ENTER THE CCN (PROVIDER						/ /	
25		FIFICATION DATE (AFTER 12/26/2007) IN OR AFFILIATED WITH A TEACHING HOSPIT							
	PAYMENTS FOR I&R?				Υ				
		PROVED IN ACCORDANCE WITH CMS PUB. $1^{\circ}_{ m EDICARE}$ PARTICIPATION AND APPROVED TE		STATUS IN	Υ				
23.02		TH OF THE COST REPORTING PERIOD? IF							
25 02	E-3, PART IV. IF NO, COMPLE	ETE WORKSHEET D-2, PART II. YOU ELECT COST REIMBURSEMENT FOR PHY	VETCTANE! CERVIT	CEC AC	Υ				
23.03		ECTION 2148? IF YES, COMPLETE WORKS		CL3 A3	N				
25.04	ARE YOU CLAIMING COSTS ON LI	INE 70 OF WORKSHEET A? IF YES, COMPL	LETE WORKSHEET [N				
25.05		E FTE CAP (COLUMN 1) OR IME FTE CAP (R 42 CFR 412.105(f)(1)(iv)(B)? ENTER							
	NO IN THE APPLICABLE COLUMNS				Υ	Υ			

PROVIDER NO: Ι HOSPITAL & HOSPITAL HEALTH CARE COMPLEX 14-0075 I IDENTIFICATION DATA

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y"					
26	FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT	N	1	N		
20	IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.					
26.01	SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING:	0	/			
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING:	/ /	<i>'</i>	,		
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/		
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02					
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1.		1	2	3	4
	ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER		0.00	0		
	THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR					
	TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY					
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN					
	INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE					
	USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN					
	3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		%	Y/N		
	STAFFING		0.00%			
28.04 28.05	RECRUITMENT RETENTION		0.00%			
28.06 29	TRAINING IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE	N	0.00%			
	AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?					
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N				
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70					
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF					
30.03	PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE					
	SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).					
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R					
	TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF					
31	YES COMPLETE WORKSHEET D-2, PART II IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42					
	CFR 412.113(c).	N				
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N				
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42					
31.04	CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42					
31 05	CFR 412.113(c). IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42					
31.03	CFR 412.113(c).					
MISCEL	LANEOUS COST REPORT INFORMATION					
32 33	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO	N				
33	IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO					
	YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N				
34 35	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N N				
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N				
35.02 35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?					
	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?					
			XVIII	_		
PROSPE	CTIVE PAYMENT SYSTEM (PPS)-CAPITAL DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	1 N	2 Y	3 N		
	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE		Y			
37	WITH 42 CFR 412.320? (SEE INSTRUCTIONS) DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N N	Y N	N N		
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?					

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL IN LIEU OF FORM CMS-2552-96 (12/2008) CONTD

I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET S-2
I TO 12/31/2008 I PROVIDER NO: Ι HOSPITAL & HOSPITAL HEALTH CARE COMPLEX Т 14-0075 Т IDENTIFICATION DATA

TITLE XIX INPATIENT SERVICES DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? 38.03 Ν 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? Ν

ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 40 559019

40.01 NAME: ENVISION HOSPITAL CORP FI/CONTRACTOR NAME WISCONSIN PHYSICIAN SERVICES FI/CONTRACTOR #

40.02 STREET: 4400 N SCOTTSDALE ROAD #9347 P.O. BOX:

SCOTTSDALE STATE: AZ ZIP CODE: 85251-ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Ν

42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Ν 42.02 ARE SPEECH PAINOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?

43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?

44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?

45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT?

46 CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.

47 ON WAS THERE A CHANGE IN THE STATISTICAL BASIS?

48 ON WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?

00/00/0000

45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?

IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

				OUTPATIENT	OUTPATIENT	OUTPATIENT		
		PART A	PART B	ASC	RADIOLOGY	DIAGNOSTIC		
		1	2	3	4	5		
47.00	HOSPITAL	N	N	N	N	N		
48.00	SUBPROVIDER	N	N	N	N	N		
48.01	SUBPROVIDER 2	N	N	N	N	N		
52	DOES THIS HOSPITAL	CLAIM EXPEN	DITURES F	OR EXTRAORDINAR	RY CIRCUMSTAN	ICES IN ACCORDAN	CE WITH	
	42 CFR 412.348(e)?	(SEE INSTRU	CTIONS)					N
52.01	IF YOU ARE A FULLY							N
53	EXCEPTIONS PAYMENT IF YOU ARE A MEDIC							N
33	EFFECT. ENTER BEG							
	53.01 FOR NUMBER O						LINE	0
53.01		MDH PERIO		F ONE AND ENTER	BEGINNING:		ENDING:	/ /
54	LIST AMOUNTS OF MA			DATE LOCCEC	DEGINITING.	/ /	ENDING.	/ /
34	LIST AMOUNTS OF MA	PREMIUM		O PAID LUSSES.	1			
		PAID LO)			
	ΔN	D/OR SELF IN		2,183,322)			
54 01	ARE MALPRACTICE PR	•		, ,		IE ADMINITETDATIV	E AND	
J4.01	GENERAL COST CENTE							
	CONTAINED THEREIN.	K: 11 1L3,	30BMI1 30	FFORTING SCHEDU	JLL LISTING C	OST CLIVILICS AND	AMOUNTS	N
55	DOES YOUR FACILITY	OUALTEY FOR	ADDTTTON	AL PROSPECTIVE	DAVMENT IN A	CCORDANCE WITH		IN
33	42 CFR 412.107. E				TATHENT IN A	CCONDANCE WITH		N
	72 CIR 712.107. L	WILK I FOR	ILS AND	N TOK NO.				14
56	ARE YOU CLAIMING A	MBULANCE COS	TS? IF Y	ES, ENTER IN CO	DLUMN 2 THE F	PAYMENT LIMIT		
	PROVIDED FROM YOUR	FISCAL INTE	RMEDIARY .	AND THE APPLICA	ABLE DATES FO	OR THOSE LIMITS	DATE	Y OR N

FEES IN COLUMN O. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, 0.00 THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 0.00 0 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS 58

ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD

TO THE CONTROL OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 59

"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?

ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) 60

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL IN LIEU OF FORM CMS-2552-96 (12/2008) CONTD I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009 I PROVIDER NO: I FROM 1/ 1/2008 I WORKSHEET S-2 I TO 12/31/2008 I

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60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

	NAME	COUNTY	STATE	ZIA CODE	CBSA	FIE/CAMPUS
62.00 62.01 62.02 62.03 62.04 62.05 62.06 62.07 62.08						0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS
ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"
DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

IN LIEU OF FORM CMS-2552-96 (04/2005)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET S-3
I TO 12/31/2008 I PART I I I I HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

	COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	XVIII	NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1	ADULTS & PEDIATRICS	1 92	2 33,672	2.01	3	4 2,636	4.01	5 3,331
2 2 3 4 5	HMO 01 HMO - (IRF PPS SUBPROVIDER) ADULTS & PED-SB SNF ADULTS & PED-SB NF TOTAL ADULTS AND PEDS	92	33,672			700 2,636		620 3,331
6 10 11	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT NURSERY	49	17,934 5,490			265		453 359 655
12 13	TOTAL RPCH VISITS	156	57,096			2,901		4,798
14 14 25	SUBPROVIDER 01 REHABILITATION UNIT TOTAL	69 30 255	25,254 10,980			1,194 526		8,877 152
26 26 26 27 28 28	OBSERVATION BED DAYS 01 OBSERVATION BED DAYS-SUB I 02 OBSERVATION BED DAYS-SUB II AMBULANCE TRIPS EMPLOYEE DISCOUNT DAYS 01 EMP DISCOUNT DAYS -IRF	233						108
	COMPONENT	TITLE XIX OBS ADMITTED 5.01	I/P DAYS / ERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6		VATION BEDS NOT ADMITTED 6.02	TOTAL	& RES. FTES LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS HMO			7,482				
2 3 4	01 HMO - (IRF PPS SUBPROVIDER) ADULTS & PED-SB SNF ADULTS & PED-SB NF							
5 6 10 11 12	TOTAL ADULTS AND PEDS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT NURSERY TOTAL			7,482 956 759 1,384 10,581			33.84	
13	RPCH VISITS			•			33.04	
14 14 25	SUBPROVIDER 01 REHABILITATION UNIT TOTAL			11,872 936			33.84	
26 26 26 27 28 28	OBSERVATION BED DAYS 01 OBSERVATION BED DAYS-SUB I 02 OBSERVATION BED DAYS-SUB II AMBULANCE TRIPS EMPLOYEE DISCOUNT DAYS 01 EMP DISCOUNT DAYS -IRF	27	81	230	39	191		
		I & R FTES	FULL TIM	E EQUIV		DISCHARGES		
	COMPONENT	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 2	ADULTS & PEDIATRICS HMO					638	1,515	
2 3 4 5 6 10	01 HMO - (IRF PPS SUBPROVIDER) ADULTS & PED-SB SNF ADULTS & PED-SB NF TOTAL ADULTS AND PEDS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT							
11 12	NURSERY TOTAL	33.84	398.08			638	1,515	3,007
13 14 14 25	RPCH VISITS SUBPROVIDER 01 REHABILITATION UNIT TOTAL	33.84	46.12 6.27 450.47			140 48	582 11	
26 26 26 27 28	OBSERVATION BED DAYS 01 OBSERVATION BED DAYS-SUB I 02 OBSERVATION BED DAYS-SUB II AMBULANCE TRIPS EMPLOYEE DISCOUNT DAYS 01 EMP DISCOUNT DAYS -IRF	33.04	730.47					

IN LIEU OF FORM CMS-2552-96 (05/2004)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET S-3

I TO 12/31/2008 I PARTS II & III Health Financial Systems FOR MICHAEL REESE HOSPITAL MCRIF32

HOSPITAL WAGE INDEX INFORMATION

PART II	- WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE DATA SOURCE 5 6
1 2	SALARIES TOTAL SALARY NON-PHYSICIAN ANESTHETIST	30,205,017		30,205,017	936,971.60	32.24
3	PART A NON-PHYSICIAN ANESTHETIST PART B					
4 4.01 5	PHYSICIAN - PART A TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) PHYSICIAN - PART B	472,018 37,453		472,018 37,453	4,294.00 213.00	109.93 W/S A-8-2, LABOR REPORT 175.84 W/S A-8-2, LABOR REPORT
6 6.01 7	NON-PHYSICIAN - PART B INTERNS & RESIDENTS (APPRVD) CONTRACT SERVICES, I&R HOME OFFICE PERSONNEL	1,756,776 271,564	186,237	1,943,013 271,564	83,630.40 8,738.58	23.23 LABOR SUMMARY REPORT, VE 31.08 IRIS
8 8.01	SNF EXCLUDED AREA SALARIES	3,598,289	25,980	3,624,269	209,780.40	17.28 LABOR SUMMARY REPORT, VE
	OTHER WAGES & RELATED COSTS CONTRACT LABOR: PHARMACY SERVICES UNDER CONTRACT LABORATORY SERVICES UNDER	42,453		42,453	449.25	94.50 BARBARA, MRH ACCTS PAYAB
9.03	CONTRACT MANAGEMENT & ADMINISTRATIVE UNDER CONRACT					
10 10.01	CONTRACT LABOR: PHYS PART A TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	29,242 92,695		29,242 92,695	306.00 970.00	95.56 W/S A-8-2, OLIVIA WARD-G 95.56 W/S A-8-2, OLIVIA WARD-G
11 12	HOME OFFICE SALARIES & WAGE RELATED COSTS HOME OFFICE: PHYS PART A					
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)					
13 14	WAGE RELATED COSTS WAGE-RELATED COSTS (CORE) WAGE-RELATED COSTS (OTHER)	5,086,412		5,086,412		CMS 339 CMS 339
15 16	EXCLUDED AREAS NON-PHYS ANESTHETIST PART A	1,075,325		1,075,325		CMS 339 CMS 339
19	NON-PHYS ANESTHETIST PART B PHYSICIAN PART A PART A TEACHING PHYSICIANS PHYSICIAN PART B WAGE-RELATD COSTS (RHC/FQHC) INTERNS & RESIDENTS (APPRVD)	98,500		98,500		CMS 339 CMS 339 CMS 339 CMS 339 CMS 339 CMS 339
20						C.13 333
	OVERHEAD COSTS - DIRECT SALARIES EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	16,465 3,656,599	9,740	16,465 3,666,339	10,180.50 104,795.50	1.62 34.99
23 24 25	MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE	2,280,214		2,280,214	79,796.90	28.58
26	HOUSEKEEPING HOUSEKEEPING UNDER CONTRACT	907,114		907,114	65,737.60	13.80
	DIETARY DIETARY UNDER CONTRACT	664,234	-348,789	315,445	22,209.05	14.20
28 29	CAFETERIA MAINTENANCE OF PERSONNEL	505 605	348,789	348,789	24,546.85	14.21
30 31	NURSING ADMINISTRATION CENTRAL SERVICE AND SUPPLY	595,695 39,714		595,695 39,714	12,794.10 2,264.70	46.56 17.54
32 33 34	PHARMACY MEDICAL RECORDS & MEDICAL RECORDS LIBRARY SOCIAL SERVICE	803,585 584,391		803,585 584,391	23,300.60 24,492.50	34.49 23.86
35 PART TIT	OTHER GENERAL SERVICE - HOSPITAL WAGE INDEX SUMMARY					
1	NET SALARIES	28,139,224	-186,237	27,952,987	844,389.62	33.10
2	EXCLUDED AREA SALARIES SUBTOTAL SALARIES	3,598,289 24,540,935	25,980 -212,217	3,624,269 24,328,718	209,780.40 634,609.22	17.28 38.34
4	SUBTOTAL OTHER WAGES & RELATED COSTS	164,390	,	164,390	1,725.25	95.28
5 6 7	SUBTOTAL WAGE-RELATED COSTS TOTAL NET SALARIES	5,184,912 29,890,237	-212,217	5,184,912 29,678,020	636,334.47	21.31 46.64
8 9 10	EXCLUDED AREA SALARIES SUBTOTAL SALARIES SUBTOTAL OTHER WAGES & RELATED COSTS					
11 12	SUBTOTAL WAGE-RELATED COSTS TOTAL	0.540.555	2	0 555	270 441 11	25.02
13	TOTAL OVERHEAD COSTS	9,548,011	9,740	9,557,751	370,118.30	25.82

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IN LIEU OF FORM CMS-2552-96 S-10 (05/2004) I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET S-10
I TO 12/31/2008 I PROVIDER NO: 14-0075

DESCRIPTION

UNCOMPENSATED CARE INFORMATION DO YOU HAVE A WRITTEN CHARITY CARE POLICY? 1 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER 2 LINES 2.01 THRU 2.04 IS IT AT THE TIME OF ADMISSION?
IS IT AT THE TIME OF FIRST BILLING? 2.01 2.02 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE? 2.04 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS? 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA? 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY? 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA? ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA? DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN 9 YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY? 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT? IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON 9.03 CHARITY DETERMINATION? IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE 9.04 DISTINCTION IMPORTANT? IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF? IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL 11.01 POVERTY LEVEL? IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% 11.02 OF THE FEDERAL POVERTY LEVEL? 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL? IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF 11.04 THE FEDERAL POVERTY LEVEL? 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE? 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES? IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES $14.01\ \mathrm{AND}\ 14.02$ 14 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT 14.01 GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE? 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING? DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE 15 TO CHARITY PATIENTS? 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE? UNCOMPENSATED CARE REVENUES 17 REVENUE FROM UNCOMPENSATED CARE 17.01 GROSS MEDICAID REVENUES REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS 18 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS) 20 RESTRICTED GRANTS NON-RESTRICTED GRANTS TOTAL GROSS UNCOMPENSATED CARE REVENUES UNCOMPENSATED CARE COST 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)

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TOTAL SCHIP CHARGES FROM YOUR RECORDS TOTAL SCHIP COST, (LINE 24 * LINE 26) TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

24

25

TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)

30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS

TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)

UNCOMPENSATED CARE COST (LINE 24 * LINE 30)

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

| HOSPITAL UNCOMPENSATED CARE DATA | I | PROVIDER NO: | I | PROVID

DESCRIPTION

TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)

Health Financial Systems MCRIF32

FOR MICHAEL REESE HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET A

I TO 12/31/2008 I RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTE	_	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		GENERAL SERVICE COST CNTR NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS COMMUNICATIONS DATA PROCESSING PURCHASING, RECEIVING AND STORES ADMITTING	1	2	3	4	5
2	0200	GENERAL SERVICE COST CNIR		402 902	402 002	4 225 000	4 727 902
3 4	0300	NEW CAP REL COSTS MARIE FOUTD		402,893	402,893	4,335,000 462,940	4,737,893 1,543,948
5	0400	NEW CAP REL COSTS-MVBLE EQUIP	16 465	1,081,008 3,777,647	1,081,008 3,794,112	1 740	3,792,372
	1160	COMMUNICATIONS	253 577	220,231	3,794,112 473 808	-1,740 -1 320	472,488
	0620	DATA PROCESSING	189 971	375,893	565 864	-1,740 -1,320 -259 -1,838 -4 282 968	565,864
6.03	0630	PURCHASING RECEIVING AND STORES	322 056	39,683	361 739	-259	361,480
6.04	0640	ADMITTING	394,825	70,527	465.352	233	465,352
6.05	0650	ADMITTING CASHIERING/ACCOUNTS RECEIVABLE OTHER ADMINISTRATIVE AND GENERAL OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY I&R SERVICES-SALARY & FRINGES APPRVD INPAT ROUTINE SRVC CNTRS	121,100	3,049,353	3,170,453	-1,838	3,168,615
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	2,375,070	26,368,285	28,743,355	-4,282,968	24,460,387
8	0800	OPERATION OF PLANT	2,280,214	4,763,487	7,043,701	-4,282,968 -153,990	6,889,711
9	0900	LAUNDRY & LINEN SERVICE		341,433			341,433
10	1000	HOUSEKEEPING	907,114	319,524		-1,933	1,224,705
11	1100	DIETARY	664,234	894,575	1,558,809	-819,596	739,213
12	1200	CAFETERIA	505 605	F7 700	652 404	817,352	817,352
14	1500	NUKSING ADMINISTRATION	393,693	57,799	653,494	8	653,502
15	1600	CENTRAL SERVICES & SUPPLY	39,714	19,303	59,017	-506	58,511
16 17	1700	MEDICAL DECODES & LIDRADY	003,303 504 301	547,114 150,713	1,350,699 735,104	-456,450 -7,102	894,249 728,002
22	2200	TRD SEDITCES_SALADY & EDINGES ADDOVE	1 756 776	118,993	1,875,769	67,244	1,943,013
23	2300	T&R SERVICES-OTHER PROM COSTS APPRVD	186 237	279,412	465,649	-67,244	398,405
	2300	TNPAT ROUTINE SRVC CNTRS	100,237	275,112	103,013	07,211	330, 103
25	2500	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT SUBPROVIDER REHABILITATION UNIT NURSERY	1,770,833	300,249	2,071,082	-346,852	1,724,230
26	2600	INTENSIVE CARE UNIT	1,313,610	329,356		-79,292	1,563,674
30	2060	NEONATAL INTENSIVE CARE UNIT	1,086,739	50,798	1,137,537	-3,449	1,134,088
31	3100	SUBPROVIDER	2,782,627	275,340	1,642,966 1,137,537 3,057,967		3,057,967
31.01	3101	REHABILITATION UNIT	365,314	48,367	413,681	41,786	455,467
33	3300	NURSERY				344,941	344,941
	2700	ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOISOTOPE LABORATORY	500 076	245 050		207 502	727 252
37	3/00	OPERATING ROOM	588,976	345,858	934,834	-207,582	727,252
38 39	2000	RECOVERY ROOM & LABOR ROOM	1 512 620	22,827 356,513	200,490	-23,703	200,490 1,846,440
40	3900	ANESTHESTOLOGY	1,313,030	123,874	1,870,143 1,470,591	-6,341	1,464,250
41	4100	RADIOLOGY-DIAGNOSTIC	1,340,717	513,945	1,684,694	-160,465	1,524,229
43	4300	RADIOLOGY DIAGNOSTIC	116 778	57,884	174,662	-28,822	145,840
44	4400	LABORATORY	806.775	451,926	1,258,701	-632	1,258,069
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS	160.574	133,381	293,955	-2,129	291,826
49	4900	RESPIRATORY THERAPY	336,277	100,668	436,945	-52,302	384,643
50	5000	PHYSICAL THERAPY	223,261	54,641	277,902	-90,217	187,685
51	5100	OCCUPATIONAL THERAPY	124,812	11,444	136,256	2,089	138,345
52	5200	WHOLE BLOOD & PACKED RED BLOOD CELLS RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY	45,887	4,358	50,245	4,178	54,423
53	5300	ELECTROCARDIOLOGY	308,344	21,948	330,292	6,075	336,367
54	5400	ELECTROENCEPHALOGRAPHY	36,292	16,839	53,131	220 022	53,131
55 56	5600	MEDICAL SUPPLIES CHARGED TO PATTENTS				328,922	328,922
59	3950	DRUGS CHARGED TO PATIENTS				714,495	714,495
		ENDOSCOPY	208,331 198,645	74,667	282 998	-39,870 -12,568 -199,769	243,128
59.02	3420	I ABORATORY-PATHOLOGICAL	198.645	190,415	389.060	-12.568	376,492
59.03	3560	ENDOSCOPY LABORATORY-PATHOLOGICAL PULMONARY FUNCTION TESTING ULTRA SOUND MAGNETIC RESONANCE IMAGING (MRI)	36.750	6,110	42.860	11,500	42,860
59.04	3630	ULTRA SOUND	138,108	13,230	151,338		151,338
59.05	3430	MAGNETIC RESONANCE IMAGING (MRI)	36,880	219,000	255,880	-199,769	56,111
59.06	3951	RENAL DIALYSIS		58,987	58,987		58,987
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	1,985,924	318,007	2,303,931	-58,993	2,244,938
61		EMERGENCY	1,383,149	213,998	1,597,147	-2,187	1,594,960
62	6200	· · · · · · · · · · · · · · · · · · ·					
95		SPEC PURPOSE COST CENTERS	29,754,669	47,192,503	76,947,172	14,911	76,962,083
93		SUBTOTALS NONREIMBURS COST CENTERS	29,734,009	47,192,303	70,947,172	14,911	70,902,003
96	9600						
97	9700						
		SENIOR ASSOCIATION		486	486		486
98	9800		98,376	9,714	108,090		108,090
99	9900	NONPAID WORKERS	,	· • · - ·	,		,
	9901		97,398	39,313	136,711	-13,755	122,956
100	7950		254,574	36,655	291,229	-1,156	290,073
100.01	7951						
101		TOTAL	30,205,017	47,278,671	77,483,688	-0-	77,483,688

Health Financial Systems MCRIF32

FOR MICHAEL REESE HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET A

I TO 12/31/2008 I RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES
	CENTE			FOR ALLOC
			6	7
3	0300	GENERAL SERVICE COST CNTR		A 727 802
4		NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP	-3,248	4,737,893 1,540,700
5		EMPLOYEE BENEFITS	-28	3,792,344
		COMMUNICATIONS	20	472,488
6.02	0620	DATA PROCESSING		565,864
6.03	0630	PURCHASING, RECEIVING AND STORES	-118	361,362
6.04	0640	ADMITTING		465,352
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	-142,692	3,025,923
		OTHER ADMINISTRATIVE AND GENERAL		18,975,537
8		OPERATION OF PLANT	-779	6,888,932
9		LAUNDRY & LINEN SERVICE		341,433
10 11		HOUSEKEEPING DIETARY	-3,661	1,224,705 735,552
12		CAFETERIA	-146,657	670,695
14		NURSING ADMINISTRATION	140,037	653,502
15		CENTRAL SERVICES & SUPPLY		58,511
16		PHARMACY		894,249
17	1700	MEDICAL RECORDS & LIBRARY	-1,219	726,783
22	2200		-19,307 -151.535	1,923,706
23	2300		-151,535	246,870
2.5	2500	INPAT ROUTINE SRVC CNTRS	3 700	1 721 520
25		ADULTS & PEDIATRICS	-2,700	1,721,530
26 30		INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	-49,330 -236,260	1,514,344 897,828
31		SUBPROVIDER	-230,200	3,057,967
		REHABILITATION UNIT		455,467
33		NURSERY		344,941
		ANCILLARY SRVC COST CNTRS		,
37		OPERATING ROOM		727,252
38		RECOVERY ROOM		200,490
39		DELIVERY ROOM & LABOR ROOM	-529,476	1,316,964
40		ANESTHESIOLOGY	-1,330,698	133,552
41 43		RADIOLOGY-DIAGNOSTIC RADIOISOTOPE	-149,758	1,374,471
44		LABORATORY	-848,606	145,840 409,463
46		WHOLE BLOOD & PACKED RED BLOOD CELLS	040,000	291,826
49		RESPIRATORY THERAPY		384,643
50		PHYSICAL THERAPY	-110	187,575
51		OCCUPATIONAL THERAPY		138,345
52		SPEECH PATHOLOGY		54,423
53		ELECTROCARDIOLOGY		336,367
54		ELECTROENCEPHALOGRAPHY		53,131
55 56		MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	-94,551	328,922
59	3950	DRUGS CHARGED TO PATTENTS	-94,331	619,944
59.01		ENDOSCOPY		243,128
		LABORATORY-PATHOLOGICAL		376,492
		PULMONARY FUNCTION TESTING		42,860
		ULTRA SOUND		151,338
		MAGNETIC RESONANCE IMAGING (MRI)		56,111
59.06	3951	RENAL DIALYSIS		58,987
60	6000	OUTPAT SERVICE COST CNTRS	-1,134,180	1 110 750
61	6100	CLINIC EMERGENCY	-1,134,180 -444,344	1,110,758 1,150,616
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)	444,344	1,130,010
0_	0200	SPEC PURPOSE COST CENTERS		
95		SUBTOTALS	-10,774,107	66,187,976
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700	RESEARCH		
97.02		SENIOR ASSOCIATION		486
98	9800	PHYSICIANS' PRIVATE OFFICES		108,090
99 99.01	9900	NONPAID WORKERS BUS SERVICE		122,956
100	7950	MARKETING	-163	289,910
100.01		SQUARE FOOTAGE	103	200,010
101	-	TOTAL	-10,774,270	66,709,418
			•	

Health Financial Systems MCRIF32

FOR MICHAEL REESE HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET

I TO 12/31/2008 I COST CENTERS USED IN COST REPORT

GENERAL SERVICE COST	LINE NO	. COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
4 NEW CAP REL COSTS-WVBLE EQUIP 0400 5 EMPLOYEE BENETIS 0500 6.01 COMMUNICATIONS 1160 COMMUNICATIONS 6.02 DATA PROCESSING 6.03 PURCHASTING, RECEIVING AND STORES 0630 PURCHASTING PURCHAST	(GENERAL SERVICE COST		
EMPLOYEE BENEFITS				
6.0.1 COMMUNICATIONS 1160 COMMUNICATIONS 0.60.2 DATA PROCESSING 0.60.3 PURCHASING, RECEIVING AND STORES 0.630 ADMITTING CASHERRIGACCOUNTS RECEIVABLE 0.640 ADMITTING CASHERRIGACCOUNTS RECEIVABLE 0.640 ADMITTING CASHERRIGACCOUNTS RECEIVABLE 0.640 CASHERRIGACCOUNTS RECEIVABLE 0.640 ADMITTING CASHERRIGACCOUNTS RECEIVABLE 0.640 ADMITTING CASHERRIGACCOUNTS RECEIVABLE 0.640 CASHERRIGACCOUNTS RECEIVABLE 0.640 ADMITTING CASHERRIGACCOUNTS RECEIVABLE				
6.0.2 DATA PROCESSING 6.0.3 PURCHASING, RECEIVING AND STORES 6.0.4 ADMITTING 6.0.5 CASHIERING/ACCOUNTS RECEIVABLE 6.0.6 OTHER ADMINISTRATIVE AND GENERAL 6.0.7 OTHER ADMINISTRATIVE AND GENERAL 6.0.7 OTHER ADMINISTRATIVE AND GENERAL 6.0.8 OTHER ADMINISTRATIVE AND GENERAL 6.0.8 OTHER ADMINISTRATIVE AND GENERAL 6.0.9 OTHER ADMINISTRATIVE AND GENERAL 6.0.0 OTHER ADMINISTRATIVE AND GENERAL 6.0 OTHER ADMINISTRATIVE AND GENER				COMMUNICATIONS
6.03 PURCHASING, RECEIVING AND STORES 6.04 ADMITTING 6.05 CASHIERING/ACCOUNTS RECEIVABLE 6.05 CASHIERING/ACCOUNTS RECEIVABLE 6.06 OTHER ADMINISTRATIVE AND GENERAL 0600 8 OPERATION OF PLANT 1000 101 LANDEWS & LINEN SERVICE 1020 102 CASHIERING/ACCOUNTS RECEIVABLE 1030 1030 104 DETARY 1050 105 DETARY 106 107 DETARY 107 DETARY 108 DETARY 109 DETARY 100 DETARY				
6.04 ADMITTING 6.05 CASHIERING/ACCOUNTS RECEIVABLE 6.06 OTHER ADMINISTRATIVE AND GENERAL 0660 OTHER ADMINISTRATIVE AND GENERAL 0660 OTHER ADMINISTRATIVE AND GENERAL 0660 OTHER ADMINISTRATIVE AND GENERAL 0670 OTHER ADMINISTRATIVE AND GENERAL 0700 OTHER ADMINISTRATIVE				
6.06 OTHER ADMINISTRATIVE AND GENERAL 8 OPERATION OF PLANT 9 LAUNDRY & LINEN SERVICE 9000 10 HOUSEKEEPING 11000 111 DIETARY 1100 112 DIETARY 1100 115 CENTRAL SERVICES & SUPPLY 11500 116 PHARMACY 17 MEDICAL RECORDS & LIBRARY 1700 180 PHARMACY 171 MEDICAL RECORDS & LIBRARY 170 MEDICAL RECORDS & LIBRARY 170 MEDICAL RECORDS & LIBRARY 171 MEDICAL RECORDS & LIBRARY 172 MEDICAL RECORDS & LIBRARY 173 MINISTRATIVE AND GENERAL 174 MEDICAL RECORDS & LIBRARY 175 MEDICAL RECORDS & LIBRARY 176 MEDICAL RECORDS & LIBRARY 177 MEDICAL RECORDS & LIBRARY 178 SERVICES - OTHER PROM COSTS APPRVD 179 MEDICAL RECORDS & LIBRARY 180 MINISTRATIVE AND GENERAL 180 MINISTRATION 180 MINISTRATIVE AND GENERAL 180 MINISTRATION 180 MINISTRATIVE AND GENERAL 180 MINISTRATION 180 MINISTRATIVE AND GENERAL 180 MINISTRATION 180 MINISTRATIVE AND GENERAL 180 M				
8 OPERATION OF PLANT				
9				OTHER ADMINISTRATIVE AND GENERAL
100				
11				
12				
15				
160		NURSING ADMINISTRATION		
170				
22				
18				
INPAT ROUITINE SRVC C 2500				
25			2300	
NEONATAL INTENSIVE CARE UNIT 2060 NEONATAL INTENSIVE CARE UNIT 31 SUBPROVIDER 31 SUBPROVIDER ####	25	ADULTS & PEDIATRICS	2500	
31.00				
33.01 REMABLITATION UNIT 33.01				NEONATAL INTENSIVE CARE UNIT
NURSERY				CURRENCYTEER #####
ANCILLARY SRVC COST 37 OPERATING ROOM 3700 38 RECOVERY ROOM 3800 39 DELIVERY ROOM & LABOR ROOM 3900 40 ANESTHESIOLOGY 4000 41 RADIOLOGY-DIAGNOSTIC 4100 41 RADIOLOGY-DIAGNOSTIC 4300 44 LABORATORY 4400 46 WHOLE BLOOD & PACKED RED BLOOD CELLS 4600 49 RESPIRATORY THERAPY 5000 50 PHYSICAL THERAPY 5000 51 OCCUPATIONAL THERAPY 5100 52 SPEECH PATHOLOGY 5200 53 ELECTROCARDIOLOGY 5200 54 ELECTROCARDIOLOGY 5300 54 ELECTROCARDIOLOGY 5300 55 DRUGS CHARGED TO PATIENTS 5500 56 DRUGS CHARGED TO PATIENTS 5500 56 DRUGS CHARGED TO PATIENTS 5500 57 DRUMONARY FUNCTION TESTING 3330 ENDOSCOPY 59 OLL ABORATORY-PATHOLOGICAL 3420 59 LABORATORY-PATHOLOGICAL 3420 59 LABORATORY-PATHOLOGICAL 3420 59 OLL MONARY FUNCTION TESTING 3560 PULMONARY FUNCTION TESTING 159.04 ULTRA SOUND 3630 ULTRA SOUND 159.05 MAGNETIC RESONANCE IMAGING (MRI) 3430 MAGNETIC RESONANCE MAGNETIC RESONANCE MAGNETIC RESONANCE MAGNETIC RESONANCE MAGNETIC MAGNETIC RESONANCE MAGNETIC RESONANCE MAGNETIC RESONANCE MAGNETIC MAGNETIC RESONANCE MAGNETIC MAGNETI				SUBPROVIDER #####
37			3300	
39			3700	
400 41 RADIOLOGY—DIAGNOSTIC 4100 43 RADIOISOTOPE 4300 44 LABORATORY 4400 46 WHOLE BLOOD & PACKED RED BLOOD CELLS 4600 49 RESPIRATORY THERAPY 4900 50 PHYSICAL THERAPY 5000 51 OCCUPATIONAL THERAPY 5100 52 SPECH PATHOLOGY 5200 53 ELECTROCARDIOLOGY 5200 54 ELECTROCARDIOLOGY 5200 55 ELECTROCARDIOLOGY 5300 56 DRUGS CHARGED TO PATIENTS 5500 56 DRUGS CHARGED TO PATIENTS 5500 57 3950 59 OL LABORATORY—PATHOLOGICAL 3420 59.03 PULMONARY FUNCTION TESTING 3560 PULMONARY FUNCTION TESTING 3500 59.01 ENDOSCOPY 3330 ENDOSCOPY 59.02 LABORATORY—PATHOLOGICAL 3420 59.03 PULMONARY FUNCTION TESTING 3560 PULMONARY FUNCTION TESTING 3500 ULTRA SOUND 3630		RECOVERY ROOM		
41				
43				
44				
46				
49 RESPIRATORY THERAPY 5000 50 PHYSICAL THERAPY 5000 51 OCCUPATIONAL THERAPY 5100 52 SPEECH PATHOLOGY 5200 53 ELECTROCARDIOLOGY 5300 54 ELECTROENCEPHALOGRAPHY 5400 55 MEDICAL SUPPLIES CHARGED TO PATIENTS 5500 56 DRUGS CHARGED TO PATIENTS 5600 59 3950 OTHER ANCILLARY SERVICE COST CENTERS 59.01 ENDOSCOPY 3330 ENDOSCOPY 59.02 LABORATORY-PATHOLOGICAL 3420 LABORATORY-PATHOLOGICAL 59.03 PULMONARY FUNCTION TESTING 3560 PULMONARY FUNCTION TESTING 59.04 ULTRA SOUND 3630 ULTRA SOUND 59.05 MAGNETIC RESONANCE IMAGING (MRI) 3430 MAGNETIC RESONANCE IMAGING (MRI) 59.06 RENAL DIALYSIS 3951 OTHER ANCILLARY SERVICE COST CENTERS 60 CLINIC 6000 61 EMERGENCY 6100 09 SPEC PURPOSE COST CE 6200				
S1	49		4900	
SPEECH PATHOLOGY S200				
S3				
S4				
S5				
DRUGS CHARGED TO PATIENTS 35600 3950 OTHER ANCILLARY SERVICE COST CENTERS 3950 OTHER ANCILLARY SERVICE COST CENTERS 3330 ENDOSCOPY 3330 ENDOSCOPY 3330 ENDOSCOPY 3420 LABORATORY-PATHOLOGICAL 3420 LABORATORY-PATHOLOGICAL 359.03 PULMONARY FUNCTION TESTING 3560 PULMONARY FUNCTION TESTING 3560 PULMONARY FUNCTION TESTING 359.04 ULTRA SOUND 3630 ULTRA SOUND 3				
59.01 ENDOSCOPY 3330 ENDOSCOPY 59.02 LABORATORY-PATHOLOGICAL 3420 LABORATORY-PATHOLOGICAL 59.03 PULMONARY FUNCTION TESTING 3560 PULMONARY FUNCTION TESTING 59.04 ULTRA SOUND 3630 ULTRA SOUND 59.05 MAGNETIC RESONANCE IMAGING (MRI) 3430 MAGNETIC RESONANCE IMAGING (MRI) 59.06 RENAL DIALYSIS 3951 OTHER ANCILLARY SERVICE COST CENTERS 60 CLINIC 6000 61 EMERGENCY 6100 62 OBSERVATION BEDS (NON-DISTINCT PART) 6200 SPEC PURPOSE COST CE SPEC PURPOSE COST CE 95 SUBTOTALS 0000 NONREIMBURS COST CEN 96 97 RESEARCH 9700 97.02 SENIOR ASSOCIATION 9702 98 PHYSICIANS' PRIVATE OFFICES 9800 99 NONPAID WORKERS 9900 99.01 BUS SERVICE 9901 NONPAID WORKERS 100 MARKETING 7950 OTHER NONREIMBURSABLE COST CENTERS				
59.02 LABORATORY-PATHOLOGICAL 59.03 PULMONARY FUNCTION TESTING 59.04 ULTRA SOUND 59.05 MAGNETIC RESONANCE IMAGING (MRI) 59.06 RENAL DIALYSIS 0UTPAT SERVICE COST 60 CLINIC 61 EMERGENCY 62 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CE 95 SUBTOTALS NONREIMBURS COST CEN 96 GIFT, FLOWER, COFFEE SHOP & CANTEEN 97.02 SERNICE ASSOCIATION 97.02 SENIOR ASSOCIATION 98 PHYSICIANS' PRIVATE OFFICES 99 NONPAID WORKERS 99 NONPAID WORKERS 99 NONPAID WORKERS 990 99.01 BUS SERVICE 100.01 SQUARE FOOTAGE 1 LABORATORY-PATHOLOGICAL 3420 PULMONARY FUNCTION TESTING 15560 PULMONARY FUNCTION TESTING 101 SQUARE FOOTAGE 1 LABORATORY-PATHOLOGICAL 3420 PULMONARY FUNCTION TESTING 10400 PULMONARY FUNCTION TESTING 10500 PULMONARY FUNCTION TESTING 10600 PULMONARY FUNCTION TESTING 10600 PULMONARY FUNCTION TESTING 10700 PULTRA SOUND 10700 PULT				
59.03 PULMONARY FUNCTION TESTING 59.04 ULTRA SOUND 59.05 MAGNETIC RESONANCE IMAGING (MRI) 59.06 RENAL DIALYSIS 0UTPAT SERVICE COST 60 CLINIC 61 EMERGENCY 62 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CE 95 SUBTOTALS NONREIMBURS COST CEN 96 GIFT, FLOWER, COFFEE SHOP & CANTEEN 97 RESEARCH 97.02 SENIOR ASSOCIATION 97 RESEARCH 98 PHYSICIANS' PRIVATE OFFICES 99 NONPAID WORKERS 99 NONPAID WORKERS 9900 99.01 BUS SERVICE 9901 NONPEIMBURSABLE COST CENTERS 100.01 SQUARE FOOTAGE 7951 OTHER NONREIMBURSABLE COST CENTERS				
59.04 ULTRA SOUND 59.05 MAGNETIC RESONANCE IMAGING (MRI) 59.06 RENAL DIALYSIS OUTPAT SERVICE COST 60 CLINIC 61 EMERGENCY 62 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CE 95 SUBTOTALS NONREIMBURS COST CEN 96 GIFT, FLOWER, COFFEE SHOP & CANTEEN 97.02 SENIOR ASSOCIATION 97 RESEARCH 98 PHYSICIANS' PRIVATE OFFICES 99 NONPAID WORKERS 99 NONPAID WORKERS 99 ON DAILY OF THE NONREIMBURSABLE COST CENTERS 100 MARKETING 100 OTHER NONREIMBURSABLE COST CENTERS 100.01 SQUARE FOOTAGE 7951 OTHER NONREIMBURSABLE COST CENTERS				
59.05 MAGNETIC RESONANCE IMAGING (MRI) 59.06 RENAL DIALYSIS OUTPAT SERVICE COST 60 CLINIC 61 EMERGENCY 62 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CE 95 SUBTOTALS NONREIMBURS COST CEN 96 GIFT, FLOWER, COFFEE SHOP & CANTEEN 97 RESEARCH 97 RESEARCH 98 PHYSICIANS' PRIVATE OFFICES 99 NONPAID WORKERS 99 NONPAID WORKERS 99 NONPAID WORKERS 9900 99.01 BUS SERVICE 100 MARKETING 7950 OTHER NONREIMBURSABLE COST CENTERS 100.01 SQUARE FOOTAGE 3430 MAGNETIC RESONANCE IMAGING (MRI) OTHER ANCILLARY SERVICE COST CENTERS 0000 OTHER ANCILLARY SERVICE COST CENTERS				
Sp. 06 RENAL DIALYSIS 3951 OTHER ANCILLARY SERVICE COST CENTERS OUTPAT SERVICE COST CE				
60 CLINIC 6000 61 EMERGENCY 6100 62 OBSERVATION BEDS (NON-DISTINCT PART) 6200 SPEC PURPOSE COST CE 95 SUBTOTALS 0000 NONREIMBURS COST CEN 96 GIFT, FLOWER, COFFEE SHOP & CANTEEN 9600 97 RESEARCH 9700 97.02 SENIOR ASSOCIATION 9702 RESEARCH 98 PHYSICIANS' PRIVATE OFFICES 9800 99 NONPAID WORKERS 9900 99.01 BUS SERVICE 9901 NONPAID WORKERS 100 MARKETING 7950 OTHER NONREIMBURSABLE COST CENTERS 100.01 SQUARE FOOTAGE 7951 OTHER NONREIMBURSABLE COST CENTERS				
61 EMERGENCY 62 OBSERVATION BEDS (NON-DISTINCT PART) 6200 SPEC PURPOSE COST CE 95 SUBTOTALS NONREIMBURS COST CEN 96 GIFT, FLOWER, COFFEE SHOP & CANTEEN 9700 97.02 SENIOR ASSOCIATION 97.02 SENIOR ASSOCIATION 98 PHYSICIANS' PRIVATE OFFICES 9800 99 NONPAID WORKERS 9900 99.01 BUS SERVICE 9901 NONPAID WORKERS 100 MARKETING 7950 OTHER NONREIMBURSABLE COST CENTERS 100.01 SQUARE FOOTAGE 7951 OTHER NONREIMBURSABLE COST CENTERS		OUTPAT SERVICE COST		
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SPEC PURPOSE COST CE				
95 SUBTOTALS NONREIMBURS COST CEN 0000 96 GIFT, FLOWER, COFFEE SHOP & CANTEEN 9600 97 RESEARCH 9700 97.02 SENIOR ASSOCIATION 9702 RESEARCH 98 PHYSICIANS' PRIVATE OFFICES 9800 99 NONPAID WORKERS 9900 99.01 BUS SERVICE 9901 NONPAID WORKERS 100 MARKETING 7950 OTHER NONREIMBURSABLE COST CENTERS 100.01 SQUARE FOOTAGE 7951 OTHER NONREIMBURSABLE COST CENTERS			6200	
NONREIMBURS COST CEN 9600 9700			0000	
97 RESEARCH 9700 97.02 SENIOR ASSOCIATION 9702 RESEARCH 98 PHYSICIANS' PRIVATE OFFICES 9800 99 NONPAID WORKERS 9900 99.01 BUS SERVICE 9901 NONPAID WORKERS 100 MARKETING 7950 OTHER NONREIMBURSABLE COST CENTERS 100.01 SQUARE FOOTAGE 7951 OTHER NONREIMBURSABLE COST CENTERS			0000	
97.02 SENIOR ASSOCIATION 9702 RESEARCH 98 PHYSICIANS' PRIVATE OFFICES 9800 99 NONPAID WORKERS 9900 99.01 BUS SERVICE 9901 NONPAID WORKERS 100 MARKETING 7950 OTHER NONREIMBURSABLE COST CENTERS 100.01 SQUARE FOOTAGE 7951 OTHER NONREIMBURSABLE COST CENTERS	96	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 PHYSICIANS' PRIVATE OFFICES 9800 99 NONPAID WORKERS 9900 99.01 BUS SERVICE 9901 NONPAID WORKERS 100 MARKETING 7950 OTHER NONREIMBURSABLE COST CENTERS 100.01 SQUARE FOOTAGE 7951 OTHER NONREIMBURSABLE COST CENTERS				
99 NONPAID WORKERS 9900 99.01 BUS SERVICE 9901 NONPAID WORKERS 100 MARKETING 7950 OTHER NONREIMBURSABLE COST CENTERS 100.01 SQUARE FOOTAGE 7951 OTHER NONREIMBURSABLE COST CENTERS				RESEARCH
99.01 BUS SERVICE 9901 NONPAID WORKERS 100 MARKETING 7950 OTHER NONREIMBURSABLE COST CENTERS 100.01 SQUARE FOOTAGE 7951 OTHER NONREIMBURSABLE COST CENTERS				
100MARKETING7950OTHER NONREIMBURSABLE COST CENTERS100.01SQUARE FOOTAGE7951OTHER NONREIMBURSABLE COST CENTERS				NONPATD WORKERS
100.01 SQUARE FOOTAGE 7951 OTHER NONREIMBURSABLE COST CENTERS				
101 TOTAL 0000	100.01	SQUARE FOOTAGE	7951	
	101	TOTAL	0000	

RECLASSIFICATIONS

| IN LIEU OF FORM CMS-2552-96 (09/1996)
| PROVIDER NO: | PERIOD: | PREPARED 6/27/2009 | 140075 | FROM 1/ 1/2008 | WORKSHEET A-6 | TO 12/31/2008 |

CODE LINE EXPLANATION OF RECLASSIFICATION (1) COST CENTER NO SALARY OTHER 2 3 1 PROPERTY TAXES NEW CAP REL COSTS-BLDG & FIXT 3 1,381,347 35,720 REHABILITATION DIRECTOR SALARY REHABILITATION UNIT 31.01 6,058 1,786 3,572 OCCUPATIONAL THERAPY 51 303 SPEECH PATHOLOGY 52 606 6,058 47,410 3,931 60 35,720 297,531 CLINIC 6 NURSERY COSTS NURSERY 33 EMPLOYEE/PATIENT BUS SERVICE OTHER ADMINISTRATIVE AND GENERAL 6.06 9,740 CHARGEABLE PHARMACEUTICAL COSTS DRUGS CHARGED TO PATIENTS 10 11 12 13 14 15 16 17 ELECTROCARDIOLOGY 53 11,333 18 19 CHARGEABLE MEDICAL SUPPLY COSTS MEDICAL SUPPLIES CHARGED TO PATIENTS 328,922 NURSING ADMINISTRATION 23 REHABILITATION UNIT 31.01 8 24 MAGNETIC RESONANCE IMAGING (MRI) 59.05 4,397 25 26 27 28 29 30 31 32 33 35 1 CHARGEABLE MEDICAL SUPPLY COSTS EOUIPMENT RENTAL COSTS NEW CAP REL COSTS-MVBLE EQUIP 462,940 16 226,498 PHARMACY ADULTS & PEDIATRICS 5 6 7 8 9 25 24 10 11 12 13 14 15 16 17 18 BUILDING/SPACE RENTAL COSTS H NEW CAP REL COSTS-BLDG & FIXT 3 2,953,653 19 20 CAFETERIA COSTS 348,789 468,563 22 I&R SALARY AND OTHER COSTS I&R SERVICES-OTHER PRGM COSTS APPRVD 23 118,993 I&R SERVICES-SALARY & FRINGES APPRVD 36 TOTAL RECLASSIFICATIONS 919,095 6,735,547

⁽¹⁾ A letter (A, B, etc) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

12/31/2008

1 то

----- DECREASE -------LINE A-7 CODE EXPLANATION OF RECLASSIFICATION (1) COST CENTER NO SALARY REF 6 10 1 PROPERTY TAXES Α OTHER ADMINISTRATIVE AND GENERAL 6.06 1,381,347 13 REHABILITATION DIRECTOR SALARY В PHYSICAL THERAPY 50 76,798 13,025 NURSERY COSTS C ADULTS & PEDIATRICS 25 297,531 47,410 6 EMPLOYEE/PATIENT BUS SERVICE BUS SERVICE 99.01 9,740 3.931 CHARGEABLE PHARMACEUTICAL COSTS EMPLOYEE BENEFITS 1,740 5 PURCHASING, RECEIVING AND STORES 6.03 259 2,244 10 DIETARY 11 **PHARMACY** 16 682,948 12 ADULTS & PEDIATRICS 25 91 INTENSIVE CARE UNIT RADIOLOGY-DIAGNOSTIC 13 26 1,139 14 41 455 28,822 15 RADTOTSOTOPE 43 16 17 LABORATORY 44 48 ENDOSCOPY 59.01 10 LABORATORY-PATHOLOGICAL 723 18 59.02 19 CLINIC 6,193 MARKETING 100 1,156 6,702 CHARGEABLE MEDICAL SUPPLY COSTS OPERATION OF PLANT CENTRAL SERVICES & SUPPLY 506 23 ADULTS & PEDIATRICS 25 1,844 24 NEONATAL INTENSIVE CARE UNIT 30 3,449 25 OPERATING ROOM 37 200,940 DELIVERY ROOM & LABOR ROOM 26 39 12.652 ANESTHESIOLOGY 27 28 40 6,341 RADIOLOGY-DIAGNOSTIC 70,684 41 29 LABORATORY 584 44 30 WHOLE BLOOD & PACKED RED BLOOD CELLS 2,129 46 RESPIRATORY THERAPY 31 49 552 PHYSICAL THERAPY 32 50 ELECTROCARDIOLOGY 33 **ENDOSCOPY** 59.01 17,520 35 CLINIC 60 660 1 CHARGEABLE MEDICAL SUPPLY COSTS F FMFRGFNCY 61 2.187 HOUSEKEEPING 10 1,933 6.01 **EOUIPMENT RENTAL COSTS** COMMUNICATIONS 1,320 1,838 10 CASHIERING/ACCOUNTS RECEIVABLE 6.05 59,456 147,288 5 OTHER ADMINISTRATIVE AND GENERAL 6.06 6 OPERATION OF PLANT MEDICAL RECORDS & LIBRARY 3,203 INTENSIVE CARE UNIT 78,153 9 OPERATING ROOM 6,642 10 DELIVERY ROOM & LABOR ROOM 39 11 RADIOLOGY-DIAGNOSTIC 41 89,326 12 RESPIRATORY THERAPY 49 51,750 13 ELECTROCARDIOLOGY 53 1,000 59.01 14 **ENDOSCOPY** 22,340 LABORATORY-PATHOLOGICAL 15 59.02 11.845 MAGNETIC RESONANCE IMAGING (MRI) 204,166 16 59.05 BUS SERVICE 99.01 17 2,855,836 BUILDING/SPACE RENTAL COSTS OTHER ADMINISTRATIVE AND GENERAL 10 18 6.06 19 MEDICAL RECORDS & LIBRARY 3,899 93,918 20 CLINIC 60 CAFETERIA COSTS 11 348,789 468,563 22 I&R SALARY AND OTHER COSTS I&R SERVICES-SALARY & FRINGES APPRVD 22 118,993 I&R SERVICES-OTHER PRGM COSTS APPRVD 36 TOTAL RECLASSIFICATIONS 919,095 6,735,547

⁽¹⁾ A letter (A, B, etc) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

| IN LIEU OF FORM CMS-2552-96 (09/1996)
| PROVIDER NO: | PERIOD: | PREPARED 6/27/2009
| 140075 | FROM 1/ 1/2008 | WORKSHEET A-6 | TO 12/31/2008 | NOT A CMS WORKSHEET RECLASSIFICATIONS

EXPLANA	S CODE: A ATION: PROPERTY TAXES					
LINE 1.00 TOTAL F	COST CENTER NEW CAP REL COSTS-BLDG & RECLASSIFICATIONS FOR CODE	NCREASE LINE FIXT 3 A	AMOUNT 1,381,347 1,381,347	DECREAS COST CENTER OTHER ADMINISTRATIVE AND GENER	LINE 6.06	AMOUNT 1,381,347 1,381,347
	S CODE: B ATION: REHABILITATION DIR	ECTOR SALARY				
LINE	COST CENTER REHABILITATION UNIT	NCREASE	AMOUNT	DECREAS COST CENTER		AMOUNT
1.00	REHABILITATION UNIT	31.01	41,778	PHYSICAL THERAPY	LINE 50	AMOUNT 89,823
2.00	OCCUPATIONAL THERAPY	51 52	2,089 4 178			0
4.00	CLINIC	60	41,778			0
TOTAL F	COST CENTER REHABILITATION UNIT OCCUPATIONAL THERAPY SPEECH PATHOLOGY CLINIC RECLASSIFICATIONS FOR CODE	В	89,823			89,823
	CODE: C TION: NURSERY COSTS					
	I	NCREASE		DECREAS COST CENTER ADULTS & PEDIATRICS	E	
LINE 1.00	COST CENTER NURSERY	LINE 33	AMOUNT 344.941	COST CENTER ADULTS & PEDIATRICS	LINE 25	AMOUNT 344,941
	RECLASSIFICATIONS FOR CODE	С	344,941			344,941
	G CODE: D NTION: EMPLOYEE/PATIENT B					
	I	NCREASE		COST CENTER BUS SERVICE	E	
LINE 1 00	COST CENTER OTHER ADMINISTRATIVE AND	LINE CENER 6.06	AMOUNT 13 671	COST CENTER	LINE QQ 01	AMOUNT 13,671
	RECLASSIFICATIONS FOR CODE	D 0.00	13,671	BOS SERVICE	99.01	13,671
	5 CODE: E NTION : CHARGEABLE PHARMAC				_	
LINE	I COST CENTER			COST CENTER	E LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS		AMOUNT 714,495		5	1,740
2.00 3.00			0 0	PURCHASING, RECEIVING AND STOR DIETARY	11	259 2,244
4.00 5.00			0	PHARMACY ADULTS & PEDIATRICS	16	2,244 682,948 91
6.00			0	INTENSIVE CARE UNIT	26	1,139
7.00 8.00			0 0	RADIOLOGY-DIAGNOSTIC RADIOISOTOPE	41 43	455 28,822
9.00			0	DIETARY PHARMACY ADULTS & PEDIATRICS INTENSIVE CARE UNIT RADIOLOGY-DIAGNOSTIC RADIOISOTOPE LABORATORY ENDOSCOPY	44	48
10.00 11.00	ELECTROCARDIOLOGY	53	11,333 0	ENDOSCOPY LABORATORY-PATHOLOGICAL	59.01 59.02	10 723
12.00			0	CLINIC	60	6,193
TOTAL F	RECLASSIFICATIONS FOR CODE	E	0 725,828	MARKETING	100	1,156 725,828
	G CODE: F NITION: CHARGEABLE MEDICAL			0500546	_	
LINE		NCREASE LINE	AMOUNT 328,922 8 8 4,397	DECREAS COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED	TO PA 55	328,922	OPERATION OF PLANT	8 15	6,702 506
3.00	NURSING ADMINISTRATION REHABILITATION UNIT MAGNETIC RESONANCE IMAGIN	31.01	8	CENTRAL SERVICES & SUPPLY ADULTS & PEDIATRICS	25	1,844
4.00 5.00	MAGNETIC RESONANCE IMAGIN	G (MR 59.05	4,397 0	ADULTS & PEDIATRICS NEONATAL INTENSIVE CARE UNIT OPERATING ROOM	30 37	3,449 200,940 12,652
6.00			0	DELIVERY ROOM & LABOR ROOM	39	
7.00 8.00			0 0	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	40 41	6,341 70,684
9.00			0	LABORATORY	44	584
10.00 11.00			0 0	WHOLE BLOOD & PACKED RED BLOOD RESPIRATORY THERAPY	46 49	2,129 552
12.00			0	PHYSICAL THERAPY	50	394
13.00 14.00			0 0	ELECTROCARDIOLOGY ENDOSCOPY	53 59.01	4,258 17,520
15.00 16.00			0	CLINIC	60 61	660 2,187
17.00			0	EMERGENCY HOUSEKEEPING	10	1,933
TOTAL F	RECLASSIFICATIONS FOR CODE	F	333,335			333,335

| IN LIEU OF FORM CMS-2552-96 (09/1996)
| PROVIDER NO: | PERIOD: | PREPARED 6/27/2009
| 140075 | FROM 1/ 1/2008 | WORKSHEET A-6 | TO 12/31/2008 | NOT A CMS WORKSHEET

RECLASS CODE: G EXPLANATION: EQUIPMENT RENTAL COSTS

TNCRFA	SF		DECREAS	F	
LINE COST CENTER 1.00 NEW CAP REL COSTS-MVBLE EQUIP 2.00 PHARMACY 3.00 ADULTS & PEDIATRICS 4.00 5.00 6.00 7.00 8.00 9.00 10.00	SE LINE 4 16 25	AMOUNT 462,940 226,498 24 0 0 0 0	COST CENTER COMMUNICATIONS CASHIERING/ACCOUNTS RECEIVABLE OTHER ADMINISTRATIVE AND GENER OPERATION OF PLANT MEDICAL RECORDS & LIBRARY INTENSIVE CARE UNIT OPERATING ROOM DELIVERY ROOM & LABOR ROOM RADIOLOGY-DIAGNOSTIC RESPIRATORY THERAPY ELECTROCARDIOLOGY ENDOSCOPY LABORATORY-PATHOLOGICAL MAGNETIC RESONANCE IMAGING (MR BUS SERVICE	EE LINE 6.01 6.05 6.06 8 17 26 37 39 41 49	AMOUNT 1,320 1,838 59,456 147,288 3,203 78,153 6,642 11,051 89,326 51,750
11.00 12.00 13.00 14.00 15.00 TOTAL RECLASSIFICATIONS FOR CODE G		0 0 0 0 0 689,462	ELECTROCARDIOLOGY ENDOSCOPY LABORATORY-PATHOLOGICAL MAGNETIC RESONANCE IMAGING (MR BUS SERVICE	53 59.01 59.02 59.05 99.01	1,000 22,340 11,845 204,166 84 689,462
RECLASS CODE: H EXPLANATION: BUILDING/SPACE RENTAL CO	OSTS				
LINE COST CENTER 1.00 NEW CAP REL COSTS-BLDG & FIXT 2.00 3.00 TOTAL RECLASSIFICATIONS FOR CODE H	SE LINE 3	AMOUNT 2,953,653 0 0 2,953,653	COST CENTER OTHER ADMINISTRATIVE AND GENER MEDICAL RECORDS & LIBRARY CLINIC	EE LINE 6.06 17 60	AMOUNT 2,855,836 3,899 93,918 2,953,653
RECLASS CODE: I EXPLANATION : CAFETERIA COSTS					
INCREA	SE		DECREAS	SE	
LINE COST CENTER 1.00 CAFETERIA TOTAL RECLASSIFICATIONS FOR CODE I	LINE 12	AMOUNT 817,352 817,352	COST CENTER DIETARY	LINE 11	AMOUNT 817,352 817,352
RECLASS CODE: J EXPLANATION: I&R SALARY AND OTHER CO					
LINE COST CENTER 1.00 I&R SERVICES-OTHER PRGM COSTS 2.00 I&R SERVICES-SALARY & FRINGES TOTAL RECLASSIFICATIONS FOR CODE J	SE LINE 23 22	AMOUNT 118,993 186,237 305,230	COST CENTER I&R SERVICES-SALARY & FRINGES I&R SERVICES-OTHER PRGM COSTS	SE LINE 22 23	AMOUNT 118,993 186,237 305,230

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE I 14-0075 I FROM 1/ 1/2008 I WORKSHEET A-7

COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS I I TO 12/31/2008 I PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION			ACQUISITIONS		DISPOSALS		FULLY
		BEGINNING				AND	ENDING	DEPRECIATED
		BALANCES	PURCHASES	DONATION	TOTAL	RETIREMENTS	BALANCE	ASSETS
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION			ACQUISITIONS		DISPOSALS		FULLY
		BEGINNING BALANCES 1	PURCHASES 2	DONATION 3	TOTAL 4	AND RETIREMENTS 5	ENDING BALANCE 6	DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN	722,165					722,165	
5	FIXED EQUIPMENT	,					,	
6	MOVABLE EQUIPMENT	58,703,121	14		14		58,703,135	
7	SUBTOTAL	59,425,286	14		14		59,425,300	
8	RECONCILING ITEMS							
9	TOTAL	59,425,286	14		14		59,425,300	

PART I	II - RECONCILIATION OF	CAPITAL COST							
	DESCRIPTION		COMPUTATION			ALLO	OCATION OF OTI		
		GROSS	CAPITLIZED GR					OTHER CAPITAL	
		ASSETS	LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				
	DESCRIPTION			SUMMARY OF O	LD AND NEW CAP	PITAL			
							OTHER CAPITAL	L	
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST	TOTAL (1)	
*		9	10	11	12	13	14	15	
3	NEW CAP REL COSTS-BL	46,887	2,953,653		356,006	1,381,347		4,737,893	
4	NEW CAP REL COSTS-MV	1,036,503	462,940	10,750	30,507			1,540,700	
5	TOTAL	1,083,390	3,416,593	10,750	386,513	1,381,347		6,278,593	
PART T	V - RECONCILIATION OF A	AMOUNTS FROM W	ORKSHEET A. CO	IUMN 2. ITNES	s 1 THRU 4				
	DESCRIPTION		,	,	LD AND NEW CAP	PTTAI			
	22301121 12011						OTHER CAPITAL	L	
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST		
*		9	10	11	12	13	14	15	
3	NEW CAP REL COSTS-BL	46,887	-		356,006	-	• •	402,893	
4	NEW CAP REL COSTS-MV	1,039,751		10,750	30,507			1,081,008	
5	TOTAL	1,086,638		10,750	386,513			1,483,901	
,	IVIAL	1,000,000		10,730	500,515			I, TOJ, JOI	

^{*} All lines numbers except line 5 are to be consistent with Workhseet A line numbers for capital cost centers.

(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.

Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

FOR MICHAEL REESE HOSPITAL

ITAL IN LIEU OF FORM CMS-2552-96(05/1999)
I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
I 14-0075 I FROM 1/ 1/2008 I WORKSHEET A-8
I TO 12/31/2008 I ADJUSTMENTS TO EXPENSES

	DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH TAMOUNT IS TO BE ADJUSTED	THE	WKST. A-7
		BASIS/CODE	AMOUNT	COST CENTER	LINE NO	REF.
1 2 3 4 5	INVST INCOME-OLD BLDGS AND FIXTURES INVESTMENT INCOME-OLD MOVABLE EQUIP INVST INCOME-NEW BLDGS AND FIXTURES INVESTMENT INCOME-NEW MOVABLE EQUIP INVESTMENT INCOME-OTHER TRADE, QUANTITY AND TIME DISCOUNTS	1 B B	2 848 -118	3 **COST CENTER DELETED** **COST CENTER DELETED** NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-WYBLE E OTHER ADMINISTRATIVE AND PURCHASING, RECEIVING AND	4 1 2 3 4 6.06 6.03	5
7 8 9 10 11 12	REFUNDS AND REBATES OF EXPENSES RENTAL OF PRVIDER SPACE BY SUPPLIERS TELEPHONE SERVICES TELEVISION AND RADIO SERVICE PARKING LOT PROVIDER BASED PHYSICIAN ADJUSTMENT	B A-8-2	-80,728 -4,221,372	OTHER ADMINISTRATIVE AND	6.06	
13 14	SALE OF SCRAP, WASTE, ETC. RELATED ORGANIZATION TRANSACTIONS	A-8-1	600,846			
15 16	LAUNDRY AND LINEN SERVICE CAFETERIAEMPLOYEES AND GUESTS	В	-146,657	CAFETERIA	12	
17 18	RENTAL OF QTRS TO EMPLYEE AND OTHRS SALE OF MED AND SURG SUPPLIES		,			
19	SALE OF DRUGS TO OTHER THAN PATIENTS	В	-94,551	DRUGS CHARGED TO PATIENTS	56	
20 21	SALE OF MEDICAL RECORDS & ABSTRACTS NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	В	-1,219	MEDICAL RECORDS & LIBRARY	17	
22	VENDING MACHINES	В	-3,661	DIETARY	11	
23 24	INCOME FROM IMPOSITION OF INTEREST INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 34	NON-PHYSICIAN ANESTHETIST PHYSICIANS' ASSISTANT			**COST CENTER DELETED**	20	
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4	200 450	SPEECH PATHOLOGY	52	
37	OTHER REVENUE	В	-290,459	OTHER ADMINISTRATIVE AND	6.06	
38	EMPLOYEE BUS SERVICE REVENUE	В	-145	OTHER ADMINISTRATIVE AND	6.06	
39	PHYSICIAN BILLING COSTS	A	-142,692	CASHIERING/ACCOUNTS RECEI	6.05	
40 41	PHYSICIAN BILLING COSTS SALES TAX	A	-56,988 -29,844	OTHER ADMINISTRATIVE AND	6.06 6.06	
42	ADVERTISING COSTS	A A	-29,844 -110	OTHER ADMINISTRATIVE AND PHYSICAL THERAPY	50	
43	ADVERTISING COSTS ADVERTISING COSTS	A	-790	OTHER ADMINISTRATIVE AND	6.06	
44	PATIENT TELEVISION DEPRECIATION	Ä	-3,248	NEW CAP REL COSTS-MVBLE E	4	9
45	PATIENT TELEVISION MAINTENANCE	Ä	-779	OPERATION OF PLANT	8	3
46	BAD DEBT EXPENSE	A	-4,960,739	OTHER ADMINISTRATIVE AND	6.06	
47	INTERCOMPANY INTEREST EXPENSE	Ä	-492,776	OTHER ADMINISTRATIVE AND	6.06	
48	TAXI CAB FARES	A	-28	EMPLOYEE BENEFITS	5	
49	TAXI CAB FARES	A	-12	OTHER ADMINISTRATIVE AND	6.06	
49.01	TAXI CAB FARES	Α	-279	I&R SERVICES-OTHER PRGM C	23	
49.02	TAXI CAB FARES	Α	-163	MARKETING	100	
	CLIENT LAB REVENUE	Α	-848,606	LABORATORY	44	
50	TOTAL (SUM OF LINES 1 THRU 49)		-10,774,270			

⁽¹⁾ Description - all chapter references in this columnpertain to CMS Pub. 15-I.
(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.
(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
Note: See instructions for column 5 referencing to Worksheet A-7

Health Financial Systems MCRIF32 STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

FOR MICHAEL REESE HOSPITAL

IN LIEU OF FORM CMS-2552-96(09/2000) I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
I 14-0075 I FROM 1/ 1/2008 I

I TO 12/31/2008 I WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

			AMOUNT OF ALLOWABLE		NET* ADJUST-	WKSHT A-7 COL. REF.
LINE NO. 1	COST CENTER 2	EXPENSE ITEMS 3	COST 4	AMOUNT 5	MENTS 6	
1 6 6 2 3	OTHER ADMINISTRATIVE AND	ENVISION HOSPITAL CORP	2,629,007	2,028,161	600,846	
5	TOTALS		2,629,007	2,028,161	600,846	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS ${f 1}$ AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE: THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

	SYMBOL NAME PERCENTAGE (1) OF OWNERSHIP		RELATED (NAME	ORGANIZATIO PERO ON	OME OFFICE TYPE OF BUSINESS		
	1	2	3	4		5	6
1	В		0.00	ENVISION HOSPITAL	CORPORA	100.00	HOME OFFICE
2			0.00			0.00	
3			0.00			0.00	
4			0.00			0.00	
5			0.00			0.00	

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERELATIONSHIP TO RELATED ORGANIZATIONS:
 - INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.

 - PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION. D.
 - INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

FOR MICHAEL REESE HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

DJUSTMENTS I 14-0075 I FROM 1/ 1/2008 I WORKSHEET A-8-2

I TO 12/31/2008 I GROUP 1 Health Financial Systems MCRIF32 PROVIDER BASED PHYSICIAN ADJUSTMENTS

1 2 3	39 L&D AP	COST CENTER/ PHYSICIAN IDENTIFIER 2 IG AP PHYSICIANS PHYSICIANS SIA AP PHYSICIANS	TOTAL REMUN- ERATION 3 245,564 33,600 39,000	PROFES- SIONAL COMPONENT 4 123,627 33,600 39,000	PROVIDER COMPONENT 5 121,937	RCE AMOUNT 6 177,200	PHYSICIAN/ PROVIDER COMPONENT HOURS 7 1,107	UNADJUSTED RCE LIMIT 8 94,308	5 PERCENT OF UNADJUSTED RCE LIMIT 9 4,715
4 5 6 7 8	6 6 A&G PAY 22 I&R PAY 25 A&P PAY 26 ICU PAY	ROLL PHYSICIANS ROLL PHYSICIANS ROLL PHYSICIANS ROLL PHYSICIANS ROLL PHYSICIANS	400,504 37,453 2,700 49,330 236,260	2,700 49,330 236,260	385,804 37,453	177,200 177,200	2,658 213	226,441 18,146	11,322 907
9 10 11 12 13 14 15 16 17 18 19 20 21 22 22 23 24 25 26 27 28 29 30	31 PSYCHIA 39 L&D PAY 40 ANESTHE 41 RADIOLO 60 CLINIC	TRIC PAYROLL PHYSI ROLL PHYSICIANS SIA PAYROLL PHYSICI GY PAYROLL PHYSICI PAYROLL PHYSICI PAYROLL PHYSICI PAYROLL PHYSICIANS OLL PHYSICIANS	86,214 495,876 1,291,698 149,758 1,134,180 444,344	495,876 1,291,698 149,758 1,134,180 444,344	86,214	154,100	1,636	121,206	6,060
101	TOTA	\L	4,646,481	4,015,073	631,408		5,614	460,101	23,004

FOR MICHAEL REESE HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

ADJUSTMENTS I 14-0075 I FROM 1/ 1/2008 I WORKSHEET A-8-2

I TO 12/31/2008 I GROUP 1 Health Financial Systems MCRIF32 PROVIDER BASED PHYSICIAN ADJUSTMENTS

1 2 3	39 L&D	COST CENTER/ PHYSICIAN IDENTIFIER 11 CHING AP PHYSICIANS AP PHYSICIANS STHESIA AP PHYSICIANS	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16 94,308	RCE DIS- ALLOWANCE 17 27,629	ADJUSTMENT 18 151,256 33,600 39,000
4		PAYROLL PHYSICIANS					226,441	159,363	174,063
5	22 I&R	PAYROLL PHYSICIANS					18,146	19,307	19,307
6 7		PAYROLL PHYSICIANS PAYROLL PHYSICIANS							2,700 49,330
8	30 NIC	U PAYROLL PHYSICIANS							236,260
9 10		CHIATRIC PAYROLL PHYSI PAYROLL PHYSICIANS					121,206		495,876
11		STHESIA PAYROLL PHYSIC							1,291,698
12	41 RAD	IOLOGY PAYROLL PHYSICI							149,758
13 14		NIC PAYROLL PHYSICIANS							1,134,180 444,344
15	OI EK	PAYROLL PHYSICIANS							444,344
16									
17 18									
19									
20									
21 22									
23									
24									
25 26									
27									
28									
29 30									
101		TOTAL					460,101	206,299	4,221,372

Health Financial Systems MCRIF32

COST ALLOCATION STATISTICS

FOR MICHAEL REESE HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1997)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET

I TO 12/31/2008 I

LINE NO.		STATISTICS CODE	STATISTICS DESCRIPTION	
G	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS SALARIES	ENTERED
6.01	COMMUNICATIONS	4	PERCENT	ENTERED
6.02	DATA PROCESSING	-5	ACCUM. COST	NOT ENTERED
6.03	PURCHASING, RECEIVING AND STORES	6	PURCH REQUISITIO	ENTERED
6.04	ADMITTING	7	INPATIENT REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	8	GROSS REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	10	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	12	SQUARE FEET	ENTERED
11	DIETARY	13	MEALS SERVED	ENTERED
12	CAFETERIA	14	FTE'S	ENTERED
14	NURSING ADMINISTRATION	15	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED REQUIS.	ENTERED
16	PHARMACY	17	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS REVENUE	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	18	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	18	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

IN LIEU OF FORM CMS-2552-96(9/1997)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET B
I TO 12/31/2008 I PART I I I I

	COST CENTER	FOR COST	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E		COMMUNICATION S	SUBTOTAL	DATA PROCESSI NG
	DESCRIPTION	ALLOCATION 0	3	4	5	6.01	6a.01	6.02
003	GENERAL SERVICE COST CNTR NEW CAP REL COSTS-BLDG &	4,737,893	4,737,893	4	J	0.01	0a.01	0.02
004	NEW CAP REL COSTS-MVBLE E	1,540,700		1,540,700				
005	EMPLOYEE BENEFITS	3,792,344	1,939	837	3,795,120	F0C 003		
006 006	01 COMMUNICATIONS 02 DATA PROCESSING	472,488 565,864	1,765 3,384	762 1,461	31,878 23,882	506,893	594,591	594,591
006	03 PURCHASING, RECEIVING AND	361,362	67,709	29,232	40,487		498,790	4,486
006	04 ADMITTING	465,352	64,111	27,678	49,635		606,776	5,457
006	05 CASHIERING/ACCOUNTS RECEI	3,025,923	2,974	1,284	15,224		3,045,405	27,387
006 008	06 OTHER ADMINISTRATIVE AND OPERATION OF PLANT	18,975,537	129,185	55,772	299,804	506,893	19,967,191	179,586
008	LAUNDRY & LINEN SERVICE	6,888,932 341,433	583,523 6,699	251,922 2,892	286,655		8,011,032 351,024	72,043 3,157
010	HOUSEKEEPING	1,224,705	47,635	20,565	114,037		1,406,942	12,653
011	DIETARY	735,552	44,342	19,143	39,656		838,693	7,542
012	CAFETERIA	670,695	18,154	7,837	43,848		740,534	6,660
014 015	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	653,502 58,511	18,807 26,904	8,119 11,615	74,887 4,993		755,315 102,023	6,793 917
016	PHARMACY	894,249	41,209	17,791	101,022		1,054,271	9,481
017	MEDICAL RECORDS & LIBRARY	726,783	22,710	9,804	73,466		832,763	7,489
022	I&R SERVICES-SALARY & FRI	1,923,706	225,069	97,167	244,264		2,490,206	22,394
023	I&R SERVICES-OTHER PRGM C INPAT ROUTINE SRVC CNTRS	246,870					246,870	2,220
025	ADULTS & PEDIATRICS	1,721,530	371,550	160,406	185,215		2,438,701	21,931
026	INTENSIVE CARE UNIT	1,514,344	206,465	89,135	165,139		1,975,083	17,762
030	NEONATAL INTENSIVE CARE U	897,828	39,234	16,938	136,618		1,090,618	9,808
031	SUBPROVIDER	3,057,967	27,753	11,982	349,811		3,447,513	31,003
031 033	01 REHABILITATION UNIT NURSERY	455,467 344,941	55,122 28,236	23,797 12,190	50,416 37,404		584,802 422,771	5,259 3,802
033	ANCILLARY SRVC COST CNTRS	344,341	20,230	12,130	37,404		722,771	3,002
037	OPERATING ROOM	727,252	133,335	57,564	74,043		992,194	8,923
038	RECOVERY ROOM	200,490	59,863	25,844	22,335		308,532	2,775
039 040	DELIVERY ROOM & LABOR ROO	1,316,964	124,741 9,447	53,853	190,284		1,685,842	15,161 2,845
040	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	133,552 1,374,471	313,248	4,079 135,236	169,301 147,180		316,379 1,970,135	2,843 17,717
043	RADIOISOTOPE	145,840	32,549	14,052	14,681		207,122	1,863
044	LABORATORY	409,463	112,480	48,560	101,423		671,926	6,043
046	WHOLE BLOOD & PACKED RED	291,826	25,117	10,844	20,186		347,973	3,129
049 050	RESPIRATORY THERAPY PHYSICAL THERAPY	384,643 187,575	9,059 34,735	3,911 14,996	42,275 18,412		439,888 255,718	3,956 2,300
051	OCCUPATIONAL THERAPY	138,345	23,799	10,275	15,915		188,334	1,694
052	SPEECH PATHOLOGY	54,423	40,385	17,435	6,218		118,461	1,065
053	ELECTROCARDIOLOGY	336,367	72,683	31,379	38,763		479,192	4,309
054 055	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED	53,131 328,922	54,207	23,402	4,562		135,302 328,922	1,217 2,958
056	DRUGS CHARGED TO PATIENTS	619,944					619,944	5,575
059		,					,	•
059	01 ENDOSCOPY	243,128	39,081	16,872	26,190		325,271	2,925
059 059	02 LABORATORY-PATHOLOGICAL 03 PULMONARY FUNCTION TESTIN	376,492 42,860	112,091 16,926	48,392 7,308	24,972 4,620		561,947 71,714	5,054 645
059	04 ULTRA SOUND	151,338	12,599	5,439	17,362		186,738	1,679
059	05 MAGNETIC RESONANCE IMAGIN	56,111	9,331	4,028	4,636		74,106	666
059	06 RENAL DIALYSIS	58,987	657	284			59,928	539
000	OUTPAT SERVICE COST CNTRS	1 110 750	207 017	115 530	354 140		1,748,060	15,720
060 061	CLINIC EMERGENCY	1,110,758 1,150,616	267,617 26,109	115,536 11,272	254,149 173,881		1,748,060	13,720
062	OBSERVATION BEDS (NON-DIS	1,130,010	20,103	11,272	175,001		1,501,070	12,217
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	66,187,976	3,564,538	1,538,890	3,739,729	506,893	64,957,420	578,835
096	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		3,631	1,567			5,198	47
097	RESEARCH		3,031	1,507			3,190	77
097	02 SENIOR ASSOCIATION	486	563	243			1,292	12
098	PHYSICIANS' PRIVATE OFFIC	108,090	955,035		12,367		1,075,492	9,672
099 099	NONPAID WORKERS 01 BUS SERVICE	122,956	22		11,020		133,998	1.205
100	MARKETING	289,910	22		32,004		321,914	2,895
100	01 SQUARE FOOTAGE	,	214,104		- ,		214,104	1,925
101	CROSS FOOT ADJUSTMENT							
102 103	NEGATIVE COST CENTER TOTAL	66,709,418	4,737,893	1,540,700	3,795,120	506,893	66,709,418	594,591
100	IVIAL	00,703,710	7,737,033	1,370,700	3,733,120	300,033	00,703,710	JJ7, JJ1

IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET B

I TO 12/31/2008 I PART I I I I COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER	PURCHASING, R ADM ECEIVING AND	ITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
	DESCRIPTION	6.03	6.04	6.05	6a.05	6.06	8	9
003 004 005 006 006	GENERAL SERVICE COST CNTR NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS 01 COMMUNICATIONS 02 DATA PROCESSING		0.04	0.03	04.03	0.00	o	g
006	03 PURCHASING, RECEIVING AND							
006 006	04 ADMITTING 05 CASHIERING/ACCOUNTS RECEI	1,485 1	613,718	3,072,793				
006	06 OTHER ADMINISTRATIVE AND	2,757		3,072,733	20,149,534	20,149,534		
008 009	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	20,292 118			8,103,367 354,299	3,506,865 153,329	11,610,232 20,028	527,656
010	HOUSEKEEPING	35,473			1,455,068	629,704	142,419	327,030
011 012	DIETARY CAFETERIA	516 570			846,751 747,764	366,445 323,607	132,573 54,275	
014	NURSING ADMINISTRATION	2,217			764,325	330,774	56,229	
015 016	CENTRAL SERVICES & SUPPLY PHARMACY	3,333 3,775			106,273 1,067,527	45,991 461,989	80,436 123,205	1,558
017	MEDICAL RECORDS & LIBRARY				842,907	364,781	67,899	
022 023	I&R SERVICES-SALARY & FRI I&R SERVICES-OTHER PRGM C				2,512,600 249,849	1,087,368 108,126	672,906	
025	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	31,053	54,876		2,865,382	1,240,040	1,110,854	144,833
026 030	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE U	35,756 7,027	58,566 34,729		2,427,425 1,343,953	1,050,507 581,617	617,285 117,300	78,440 33,001
031	SUBPROVIDER	7,027	111,497		4,244,920	1,837,057	82,976	59,922
031 033	01 REHABILITATION UNIT NURSERY	3,290 5,120	7,824 15,437		646,630 536,819	279,839 232,317		38,993 761
	ANCILLARY SRVC COST CNTRS			,		•	•	
037 038	OPERATING ROOM RECOVERY ROOM	23,670 1,817	12,494 1,102		1,114,115 330,644	482,151 143,091		26,983 2,302
039	DELIVERY ROOM & LABOR ROO	39,486	27,012	20,349	1,787,850	773,721	372,948	34,239
040 041	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	6,922 14,153	11,840 27,829		377,387 2,177,947	163,320 942,541	28,245 936,543	16,574
043	RADIOISOTOPE	584	3,568	14,747	227,884	98,620	97,316	2,271
044 046	LABORATORY WHOLE BLOOD & PACKED RED	85,276 10,493	68,298 9,071		1,182,713 412,524	511,838 178,526	336,290 75,095	
049	RESPIRATORY THERAPY	5,064	24,755	5,537	479,200	207,381	27,083	
050 051	PHYSICAL THERAPY OCCUPATIONAL THERAPY	493 73	3,122 3,644		269,908 194,672	116,807 84,247	103,851 71,155	4,318 2,418
052	SPEECH PATHOLOGY	44	673	2,203	122,446	52,990	120,741	
053 054	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	749 128	17,116 326		571,780 138,046	247,447 59,742	217,308 162,066	5,144 285
055	MEDICAL SUPPLIES CHARGED	95,679	18,413	138,272	584,244	252,841	,,,,,,	
056 059	DRUGS CHARGED TO PATIENTS		64,725	30,404	720,648	311,872		
059	01 ENDOSCOPY	4,371	2,012		372,992	161,418	116,844	6,092
059 059	02 LABORATORY-PATHOLOGICAL 03 PULMONARY FUNCTION TESTIN	6,334 816	2,602 537		619,735 85,508	268,200 37,005	335,129 50,606	
059	04 ULTRA SOUND	483	2,330		244,975	106,017	37,667	2,760
059 059	05 MAGNETIC RESONANCE IMAGIN 06 RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	4,298 245	2,546 1,968		106,249 62,747	45,981 27,155		
060	CLINIC	9,514	27		1,808,116	782,491	800,117	3,131
061 062	EMERGENCY OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS	22,262	24,779	255,676	1,676,842	725,680	78,059	63,012
095	SUBTOTALS NONREIMBURS COST CENTERS	496,177	613,718	3,072,793	64,934,565	19,381,438	8,102,154	527,037
096 097	GIFT, FLOWER, COFFEE SHOP RESEARCH	141			5,245 141	2,270 61	10,855	
097	02 SENIOR ASSOCIATION				1,304	564	1,683	
098 099	PHYSICIANS' PRIVATE OFFIC NONPAID WORKERS				1,085,573	469,799	2,855,351	619
099 100	01 BUS SERVICE MARKETING	4,939 1,610			140,142 326,419	60,649 141,263	65	
100 101	01 SQUARE FOOTAGE CROSS FOOT ADJUSTMENT	·			216,029	93,490	640,124	
102 103	NEGATIVE COST CENTER TOTAL	503,276	613,718	3,072,793	66,709,418	20,149,534	11,610,232	527,656

IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET B

I TO 12/31/2008 I PART I I I COST ALLOCATION - GENERAL SERVICE COSTS

CONSTREMENT NOISEMENT NO							, ,		
CAMPAIRS SERVICE COST COTTAN ON			HOUSEKEEPING	DIETARY	CAFETERIA			PHARMACY	
GENERAL SENVICE COST CHTM MANUFACTIONS OF ALL COSTS-BANGLE & SENSE OF THE COSTS SHOWER & SENSE OF THE COSTS SHOW		DESCRIPTION	10	11	12	14	15	16	17
CENTRAL SERVICES & SUPPLY 15,649 4,091 5,125 259,123 1,720,948 23,970 42,033 1,720,948 1,333,029 1,334,049 1,334,049 1,334,049 1,334,049 1,334,049 1,334,049 1,334,049 1,344,049 1,474,0	004 005 006 006 006 006 006 008 009 010 011	NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS 01 COMMUNICATIONS 02 DATA PROCESSING 03 PURCHASING, RECEIVING AND 05 CASHIERING/ACCOUNTS RECEI 06 OTHER ADMINISTRATIVE AND 0PERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA	2,227,191 25,792 10,559		1,136,205			10	_,
DIT MEDICAL RECORDS & LIBRARY 13,210 44,210 22 1,720,948 1,333,079 12 148,58FN/TECS-SALARY & FRY 130,915 150,906 107 1							259 123		
1022						3,113		1,720,948	
TIMPAT ROUTINE SRVC CNTRS 18	022	I&R SERVICES-SALARY & FRI	130,915		•				1,333,029
100 100		INPAT ROUTINE SRVC CNTRS		F10, 00F		249 045			120 211
030 NEONATAL INTENSIVE CARE 0 22,821 29,798 74,360 5,295 87,532 681,056 101,000 101,									
031 OL REHABILITATION UNIT 16,424 15,581 23,531 67,002 2,427 19,719 330 NURSERY 16,424 15,612 32,172 3,014 38,909 ANCILLARY SRVC COST CNTRS 16,424 15,612 32,172 3,014 38,909 ANCILLARY SRVC COST CNTRS 26,6834 39,049 14,719 33,332 038 RECOVERY ROOM 77,557 26,6834 39,049 14,719 33,332 038 RECOVERY ROOM 34,821 8,181 27,432 1,366 7,122 039 DELIVERY ROOM & LABOR ROO 72,558 56,554 12,626 28,959 8,828 8,828 8,940 ANESTHESIOLOGY 3,495 15,274 2,682 8,959 8,828 8,940 ANESTHESIOLOGY 18,203 16,203 16,203 16,203 16,203 17,093 16,203 17,093 16,203 17,093 16,203 17,093 16,203 17,093 16,203 17,093 16,203 17,093 16,203 17,093 16,203 17,093 16,203 17,093 16,203 17,093 16,203 17,093 16,203 17,093 16,203 17,093 16,203 17,093 17,									
NUMSERY 16,444 15,612 32,172 3,014 38,090									
ANCILLARY SRVC COST CHTRS 037 OPERATING ROOM 77,557 26,834 39,049 14,719 33,332 038 RECOVERY ROOM 34,821 8,181 27,432 1,366 7,122 039 DELIVERY ROOM & LABOR ROO 72,558 56,594 124,682 28,959 8,828 040 ANESTHESIOLOGY 5,495 15,274 5,352 17,093 041 RADIOLOGY-DIAGNOSTIC 182,206 48,000 3,620 4,313 64,254 043 RADIOLOGY-DIAGNOSTIC 182,933 3,490 451 6,398 044 LABORATORY 65,426 63,913 5,606 152,344 046 WHOLE BLOOD & PACKED RED 14,610 10,508 19,038 18,159 049 RESPIRATORY HIERAPY 5,269 19,628 3,742 2,402 050 PHYSICAL THERAPY 20,204 6,605 193 3,590 051 OCCUPATIONAL HERAPY 31,843 5,629 56 402 052 SPEECH PATHOLOGY 23,490 1,952 053 ELECTROCARDIOLAGYAPHY 31,530 1,764 78,860 465 053 ELECTROCARDIOLAGYAPHY 31,530 1,764 78,860 465 055 MEDICAL SUPPLIES CHARGED 70 PATIENTS 78,985 78,98				38,383					
038 RECOVERY ROOM & LABOR ROO 34,821 8,181 27,432 1,366 7,122	033				13,012	32,172	3,011		30,303
DELIVERY ROOM & LABOR ROO 72,558 56,594 124,682 28,959 8,828 1,060 1,000 1,0									
040									
ABJOISTOTPE	040		5,495		15,274	,	5,352		17,093
ABORATORY						3,620			
MHOLE BLOOD & PACKED RED									
December		_							
OCCUPATIONAL THERAPY									
SPEECH PATHOLOGY 23,490 1,952									
STATE STAT							30		
MEDICAL SUPPLIES CHARGED FORUGS CHARGED FORUGS CHARGED FORUGS CHARGED TO PATIENTS FORUGS CHARGED FORUGS CHARGED TO PATIENTS FORUGS CHARGED					14,224	3,421			
DRUGS CHARGED TO PATIENTS 2,861 1,720,948 13,190 1059 101 ENDOSCOPY 22,732 9,082 26,717 2,861 16,664 16,664 19,001 10,685 19,001 10,685 19,001 10,685 19,001 10,885 19,001 10,885 19,001 10,885 19,001 10,885 19,001 10,885 19,001 10,885 10,895 10,885 10,895 10,885 10,895 10,885 10,895 10,885 10,895 10,885 10,895 10,885 10,895 10,885 10,895 10,885 10,885 10,895 10,885 10,895 10,885 10,895 10,885 10,895 10,885 10,895 10,885 10,895 10,885 10,895 10,885 10,895 10,885 10,995 10,885 10,995 10,885 10,995 10,885 10,995 10,885 10,995 10,885 10,995 10			31,530		1,764				
1			5					1,720,948	
059 02 LABORATORY-PATHOLOGICAL 65,200 12,685 698 19,001		04	22 =22		0.000	26 747	2 221		10.001
059 03 PULMONARY FUNCTION TESTIN 9,846 1,989 600 5,117						26,/1/			
1,28									
059 06 RENAL DIALYSIS 382 190 29									
OUTPAT SERVICE COST CNTRS 060 CLINIC 155,664 82,753 20,775 4,281 15,095 061 EMERGENCY 15,187 54,193 118,966 16,815 110,917 062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS) 095 SUBTOTALS 1,544,686 1,371,561 1,105,168 1,185,349 257,830 1,720,948 1,333,029 NONREIMBURS COST CENTERS 096 GIFT, FLOWER, COFFEE SHOP 2,112 097 RESEARCH 097 02 SENIOR ASSOCIATION 327 098 PHYSICIANS' PRIVATE OFFIC 555,516 5,967 233 099 01 BUS SERVICE 13 8,482 100 MARKETING 16,588 1,060 100 01 SQUARE FOOTAGE 124,537 101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER					1,238				
060 CLINIC 155,664 82,753 20,775 4,281 15,095 061 EMERGENCY 15,187 54,193 118,966 16,815 110,917 062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS	033						130		23
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS 095 CUST CENTERS 1,544,686 1,371,561 1,105,168 1,185,349 257,830 1,720,948 1,333,029 NONREIMBURS COST CENTERS 096 GIFT, FLOWER, COFFEE SHOP 2,112 097 RESEARCH 097 02 SENIOR ASSOCIATION 327 098 PHYSICIANS' PRIVATE OFFIC 555,516 5,967 233 NONPAID WORKERS 099 01 BUS SERVICE 13 8,482 100 MARKETING 16,588 1,060 100 01 SQUARE FOOTAGE 124,537 101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER									
SPEC PURPOSE COST CENTERS 095 SUBTOTALS 1,544,686 1,371,561 1,105,168 1,185,349 257,830 1,720,948 1,333,029 NONREIMBURS COST CENTERS 096 GIFT, FLOWER, COFFEE SHOP 2,112 097 RESEARCH 097 02 SENIOR ASSOCIATION 327 098 PHYSICIANS' PRIVATE OFFIC 555,516 5,967 233 099 NONPAID WORKERS 099 01 BUS SERVICE 13 8,482 100 MARKETING 16,588 1,060 100 01 SQUARE FOOTAGE 124,537 101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER					54,193	118,966	16,815		110,917
NONREIMBURS COST CENTERS 096	002								
096 GIFT, FLOWER, COFFEE SHOP 2,112 097 RESEARCH 097 02 SENIOR ASSOCIATION 327 098 PHYSICIANS' PRIVATE OFFIC 555,516 5,967 233 099 NONPAID WORKERS 099 01 BUS SERVICE 13 8,482 100 MARKETING 16,588 1,060 100 01 SQUARE FOOTAGE 124,537 101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER	095		1,544,686	1,371,561	1,105,168	1,185,349	257,830	1,720,948	1,333,029
097 RESEARCH 097 02 SENIOR ASSOCIATION 327 098 PHYSICIANS' PRIVATE OFFIC 555,516 5,967 233 099 NONPAID WORKERS 099 01 BUS SERVICE 13 8,482 100 MARKETING 16,588 1,060 100 01 SQUARE FOOTAGE 124,537 101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER	006		2 112						
097 02 SENIOR ASSOCIATION 327 098 PHYSICIANS' PRIVATE OFFIC 555,516 5,967 233 099 NONPAID WORKERS 099 01 BUS SERVICE 13 8,482 100 MARKETING 16,588 1,060 100 01 SQUARE FOOTAGE 124,537 101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER			2,112						
099 NONPAID WORKERS 099 01 BUS SERVICE 13 8,482 100 MARKETING 16,588 1,060 100 01 SQUARE FOOTAGE 124,537 101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER	097	02 SENIOR ASSOCIATION							
099 01 BUS SERVICE 13 8,482 100 MARKETING 16,588 1,060 100 01 SQUARE FOOTAGE 124,537 101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER			555,516		5,967		233		
100 MARKETING 16,588 1,060 100 01 SQUARE FOOTAGE 124,537 101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER			13		8 487				
101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER	100						1,060		
102 NEGATIVE COST CENTER			124,537						
			2,227,191	1,371,561	1,136,205	1,185,349	259,123	1,720,948	1,333,029

Health Financial Systems MCRIF32

FOR MICHAEL REESE HOSPITAL

IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET B

I TO 12/31/2008 I PART I I I I COST ALLOCATION - GENERAL SERVICE COSTS

		COST CENTER	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-	TOTAL
		DESCRIPTION	22	23	25	DOWN ADJ 26	27
003 004 005 006 006 006 006 008 009 010 011 012 014 015 016 017 023	02 03 04 05	GENERAL SERVICE COST CNTR NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS COMMUNICATIONS DATA PROCESSING PURCHASING, RECEIVING AND ADMITTING CASHIERING/ACCOUNTS RECEI OTHER ADMINISTRATIVE AND OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY I&R SERVICES-SALARY & FRI I&R SERVICES-OTHER PRGM C	4,403,789	508,988	25	26	21
		INPAT ROUTINE SRVC CNTRS					
025 026 030 031 031 033	01	ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE U SUBPROVIDER REHABILITATION UNIT NURSERY	4,279,464 2,438	494,618 282	11,352,086 4,802,529 2,295,677 7,634,396 1,333,589 960,448	-4,774,082 -2,720	6,578,004 4,799,809 2,295,677 7,634,396 1,333,589 960,448
037 038		ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM			2,213,382 733,938		2,213,382 733,938
039 040 041 043 044		DELIVERY ROOM & LABOR ROO ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOISOTOPE LABORATORY			3,260,379 612,166 4,375,998 455,363 2,318,130		3,260,379 612,166 4,375,998 455,363 2,318,130
046 049 050 051 052 053 054 055		WHOLE BLOOD & PACKED RED RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY			728,460 744,705 525,476 372,422 322,575 1,132,396 393,984		728,460 744,705 525,476 372,422 322,575 1,132,396 393,984
056 059		MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS			971,050 2,769,519		971,050 2,769,519
059 059 059 059 059 059	02 03 04 05	ENDOSCOPY LABORATORY-PATHOLOGICAL PULMONARY FUNCTION TESTIN ULTRA SOUND MAGNETIC RESONANCE IMAGIN RENAL DIALYSIS OUTPAT SERVICE COST CNTRS			735,402 1,320,648 190,671 427,632 199,379 92,468		735,402 1,320,648 190,671 427,632 199,379 92,468
060 061 062		CLINIC EMERGENCY OBSERVATION BEDS (NON-DIS	121,887	14,088	3,808,398 2,859,671	-135,975	3,672,423 2,859,671
095		SPEC PURPOSE COST CENTERS SUBTOTALS NONREIMBURS COST CENTERS	4,403,789	508,988	59,942,937	-4,912,777	55,030,160
096 097	0.2	GIFT, FLOWER, COFFEE SHOP RESEARCH			20,482 202		20,482 202
097 098 099	UZ	SENIOR ASSOCIATION PHYSICIANS' PRIVATE OFFIC NONPAID WORKERS			3,878 4,973,058		3,878 4,973,058
099 100		BUS SERVICE MARKETING			209,351 485,330		209,351 485,330
100 101 102	01	SQUARE FOOTAGE CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER			1,074,180		1,074,180
103		TOTAL	4,403,789	508,988	66,709,418	-4,912,777	61,796,641

ALLOCATION OF NEW CAPITAL RELATED COSTS

IN LIEU OF FORM CMS-2552-96(9/1996)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET B
I TO 12/31/2008 I PART III I I

	DIR ASSGNI COST CENTER NEW CAPITA DESCRIPTION REL COST	AL OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	COMMUNICATION S	DATA PROCESSI NG
	DESCRIPTION REL COST: 0	3	4	4a	5	6.01	6.02
003 004	GENERAL SERVICE COST CNTR NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS	1,939	837	2,776	2,776		
006	01 COMMUNICATIONS	1,765	762	2,527	23	2,550	4 063
006 006	02 DATA PROCESSING 03 PURCHASING, RECEIVING AND	3,384 67,709	1,461 29,232	4,845 96,941	17 30		4,862 37
006	04 ADMITTING	64,111	27,678	91,789	36		45
006	05 CASHIERING/ACCOUNTS RECEI	2,974	1,284	4,258	11		225
006	06 OTHER ADMINISTRATIVE AND	129,185	55,772	184,957	219	2,550	1,448
008 009	OPERATION OF PLANT LAUNDRY & LINEN SERVICE	583,523 6,699	251,922 2,892	835,445 9,591	210		593 26
010	HOUSEKEEPING	47,635	20,565	68,200	83		104
011	DIETARY	44,342	19,143	63,485	29		62
012	CAFETERIA	18,154	7,837	25,991	32		55
014 015	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	18,807 26,904	8,119 11,615	26,926 38,519	55 4		56 8
016	PHARMACY	41,209	17,791	59,000	74		78
017	MEDICAL RECORDS & LIBRARY	22,710	9,804	32,514	54		62
022	I&R SERVICES-SALARY & FRI	225,069	97,167	322,236	179		184
023	I&R SERVICES-OTHER PRGM C INPAT ROUTINE SRVC CNTRS						18
025	ADULTS & PEDIATRICS	371,550	160,406	531,956	136		180
026	INTENSIVE CARE UNIT	206,465	89,135	295,600	121		146
030	NEONATAL INTENSIVE CARE U	39,234	16,938	56,172	100		81 255
031 031	SUBPROVIDER 01 REHABILITATION UNIT	27,753 55,122	11,982 23,797	39,735 78,919	257 37		233 43
033	NURSERY	28,236	12,190	40,426	27		31
	ANCILLARY SRVC COST CNTRS	422 225	c.	400 000			
037 038	OPERATING ROOM RECOVERY ROOM	133,335 59,863	57,564 25,844	190,899 85,707	54 16		73 23
039	DELIVERY ROOM & LABOR ROO	124,741	53,853	178,594	139		125
040	ANESTHESIOLOGY	9,447	4,079	13,526	124		23
041	RADIOLOGY-DIAGNOSTIC	313,248	135,236	448,484	108		146
043 044	RADIOISOTOPE LABORATORY	32,549 112,480	14,052 48,560	46,601 161,040	11 74		15 50
046	WHOLE BLOOD & PACKED RED	25.117	10,844	35,961	15		26
049	RESPIRATORY THERAPY	9,059	3,911	12,970	31		33
050 051	PHYSICAL THERAPY OCCUPATIONAL THERAPY	34,735 23,799	14,996 10,275	49,731 34,074	13 12		19 14
052	SPEECH PATHOLOGY	40,385	17,435	57,820	5		9
053	ELECTROCARDIOLOGY	72,683	31,379	104,062	28		35
054	ELECTROENCEPHALOGRAPHY	54,207	23,402	77,609	3		10 24
055 056	MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS						46
059	51005 01711025 10 1111221115						
059	01 ENDOSCOPY	39,081	16,872	55,953	19		24
059 059	02 LABORATORY-PATHOLOGICAL 03 PULMONARY FUNCTION TESTIN	112,091 16,926	48,392 7,308	160,483 24,234	18 3		42 5
059	04 ULTRA SOUND	12,599	5,439	18,038	13		14
059	05 MAGNETIC RESONANCE IMAGIN	9,331	4,028	13,359	3		5
059	06 RENAL DIALYSIS	657	284	941			4
060	OUTPAT SERVICE COST CNTRS CLINIC	267,617	115,536	383,153	186		129
061		26,109	11,272	37,381	127		101
062	OBSERVATION BEDS (NON-DIS						
095	SPEC PURPOSE COST CENTERS SUBTOTALS	3,564,538	1,538,890	5,103,428	2,736	2,550	4,732
055	NONREIMBURS COST CENTERS	3,304,330	1,330,030	3,103,420	2,730	2,330	7,732
096	GIFT, FLOWER, COFFEE SHOP	3,631	1,567	5,198			
097	RESEARCH	E62	242	906			
097 098		563 955,035	243	806 955,035	9		80
099	NONPAID WORKERS	·		,			
099		22		22	8		10
100 100	MARKETING 01 SQUARE FOOTAGE	214,104		214,104	23		24 16
101		217,107		227,107			10
102	NEGATIVE COST CENTER	4 727 002	1 540 700	C 270 F02	2 776	2 550	4 060
103	TOTAL	4,737,893	1,540,700	6,278,593	2,776	2,550	4,862

IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET B
I TO 12/31/2008 I PART III I I ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	PURCHASING, R ECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
	DESCRIPTION	6.03	6.04	6.05	6.06	8	9	10
002	GENERAL SERVICE COST CNTI	₹						
003 004	NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE I	E						
005	EMPLOYEE BENEFITS							
006 006	01 COMMUNICATIONS 02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND	97,008						
006	04 ADMITTING	286	92,156	4 404				
006 006	05 CASHIERING/ACCOUNTS RECE: 06 OTHER ADMINISTRATIVE AND	1 531		4,494	189,705			
008	OPERATION OF PLANT	3,911			33,035	873,194		
009 010	LAUNDRY & LINEN SERVICE	23 6,838			1,443 5,928	1,506	12,589	91,864
010	HOUSEKEEPING DIETARY	99			3,450	10,711 9,971		1,064
012	CAFETERIA	110			3,046	4,082		436
014 015	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPL'	427 Y 642			3,114 433	4,229 6,050	37	451 645
016	PHARMACY	728			4,349	9,266	37	989
017	MEDICAL RECORDS & LIBRAR				3,434	5,107		545
022 023	I&R SERVICES-SALARY & FRI I&R SERVICES-OTHER PRGM (10,236 1,018	50,609		5,400
023	INPAT ROUTINE SRVC CNTRS	110			1,010			
025	ADULTS & PEDIATRICS	5,986	8,238	466	11,674	83,546	3,456	8,914
026 030	INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE (6,892 J 1,354	8,792 5,214	498 295	9,889 5,475	46,425 8,822	1,871 787	4,953 941
031	SUBPROVIDER	1,354	16,759	949	17,294	6,241	1,430	666
031 033	01 REHABILITATION UNIT	634 987	1,175	66 131	2,634	12,395	930 18	1,322 677
033	NURSERY ANCILLARY SRVC COST CNTR		2,318	131	2,187	6,349	10	677
037	OPERATING ROOM	4,562	1,876	112	4,539	29,981	644	3,199
038 039	RECOVERY ROOM DELIVERY ROOM & LABOR ROO	350 7,611	165 4,055	24 30	1,347 7,284	13,461 28,049	55 817	1,436 2,993
040	ANESTHESIOLOGY	1,334	1,777	58	1,537	2,124	017	227
041	RADIOLOGY-DIAGNOSTIC	2,728	4,178	217	8,873	70,437	395	7,515
043 044	RADIOISOTOPE LABORATORY	113 16,437	536 10,253	22 513	928 4,818	7,319 25,292	54	781 2,699
046	WHOLE BLOOD & PACKED RED	2,023	1,362	61	1,681	5,648		603
049 050	RESPIRATORY THERAPY	976	3,716	8	1,952	2,037	103	217 833
051	PHYSICAL THERAPY OCCUPATIONAL THERAPY	95 14	469 547	12 1	1,100 793	7,810 5,352	58	571
052	SPEECH PATHOLOGY	. 9	101	3	499	9,081		969
053 054	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	144 25	2,570 49	103 2	2,329 562	16,344 12,189	123 7	1,744 1,301
055	MEDICAL SUPPLIES CHARGED	18,445	2,764	202	2,380	12,103	,	1,301
056	DRUGS CHARGED TO PATIENTS	5	9,717	44	2,936			
059 059	01 ENDOSCOPY	842	302	56	1,520	8,788	145	938
059	02 LABORATORY-PATHOLOGICAL	1,221	391	64	2,525	25,205		2,689
059 059	03 PULMONARY FUNCTION TESTION 04 ULTRA SOUND	N 157 93	81 350	17 79	348 998	3,806 2,833	66	406 302
059	05 MAGNETIC RESONANCE IMAGII		382	36	433	2,098	00	224
059	06 RENAL DIALYSIS	47	295		256	148		16
060	OUTPAT SERVICE COST CNTR	1,834	4	51	7,366	60,176	75	6,421
061	EMERGENCY	4,291	3,720	374	6,831	5,871	1,503	626
062	OBSERVATION BEDS (NON-DIS							
095	SPEC PURPOSE COST CENTERS SUBTOTALS	95,640	92,156	4,494	182,474	609,358	12,574	63,713
	NONREIMBURS COST CENTERS		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,_,	
096 097	GIFT, FLOWER, COFFEE SHOWN RESEARCH	P 27			21 1	816		87
	02 SENIOR ASSOCIATION	21			5	127		14
098	PHYSICIANS' PRIVATE OFFI	79			4,423	214,745	15	22,912
099 099	NONPAID WORKERS 01 BUS SERVICE	952			571	5		1
100	MARKETING	310			1,330			
	01 SQUARE FOOTAGE				880	48,143		5,137
101 102	CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER							
103	TOTAL	97,008	92,156	4,494	189,705	873,194	12,589	91,864

IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET B
I TO 12/31/2008 I PART III I I ALLOCATION OF NEW CAPITAL RELATED COSTS

		DTETARY	CAEETERTA	NUIDETNE ADMIN	CENTRAL SERVIT	DHADMACV	MEDICAL RECOR	TAD SERVICES
	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	DS & LIBRARY	I&R SERVICES- SALARY & FRI
	DESCRIPTION	11	12	14	15	16	17	22
	GENERAL SERVICE COST CNT							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE	E						
005	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING	-						
006	03 PURCHASING, RECEIVING AN	ID						
006 006	04 ADMITTING 05 CASHIERING/ACCOUNTS RECE	т						
006	06 OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY	78,160						
012	CAFETERIA		33,752					
014	NURSING ADMINISTRATION		686	35,944	46 615			
015 016	CENTRAL SERVICES & SUPPL	.Υ	122 1,249	155	46,615 400	76,133		
010	PHARMACY MEDICAL RECORDS & LIBRAR	v	1,313		400	70,133	43,545	
022	I&R SERVICES-SALARY & FR		1,313		7		73,373	388,844
023	I&R SERVICES-OTHER PRGM		4,483		19			300,011
	INPAT ROUTINE SRVC CNTRS		•					
025	ADULTS & PEDIATRICS	29,068	2,350	7,548	4,374		4,515	
026	INTENSIVE CARE UNIT	3,410	2,076	6,116	4,866		4,819	
030	NEONATAL INTENSIVE CARE		885	2,255	953		2,857	
031 031	SUBPROVIDER 01 REHABILITATION UNIT	42,344 3,338	5,140 699	5,804 2,032	862 437		9,204 644	
031	NURSERY	3,330	464	976	542		1,270	
033	ANCILLARY SRVC COST CNTR	S	101	37.0	312		1,270	
037	OPERATING ROOM		797	1,184	2,648		1,088	
038	RECOVERY ROOM		243	832	246		233	
039	DELIVERY ROOM & LABOR RO	00	1,681	3,781	5,210		288	
040	ANESTHESIOLOGY		454	110	963		558	
041 043	RADIOLOGY-DIAGNOSTIC		1,426 104	110	776 81		2,098 209	
043	RADIOISOTOPE LABORATORY		1,899		1,009		4,973	
046	WHOLE BLOOD & PACKED RED)	312		3,425		593	
049	RESPIRATORY THERAPY		583		673		78	
050	PHYSICAL THERAPY		196		35		117	
051	OCCUPATIONAL THERAPY		167		10		13	
052	SPEECH PATHOLOGY		58	404			31	
053	ELECTROCARDIOLOGY		423	104	44 15		997	
054 055	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED	•	52		13,305		15 1,958	
056	DRUGS CHARGED TO PATIENT				515	76,133	431	
059		•			323	. 0, 255	.52	
059	01 ENDOSCOPY		270	810	515		544	
059	02 LABORATORY-PATHOLOGICAL		377		126		620	
059	03 PULMONARY FUNCTION TESTI	:N	59		108		167	
059	04 ULTRA SOUND	·N	157		50		761	
059 059	05 MAGNETIC RESONANCE IMAGI 06 RENAL DIALYSIS	.N	37		342 34		349 1	
033	OUTPAT SERVICE COST CNTR	!S			34		_	
060	CLINIC		2,458	630	770		493	
061	EMERGENCY		1,610	3,607	3,025		3,621	
062	OBSERVATION BEDS (NON-DI							
005	SPEC PURPOSE COST CENTER		22 020	25 044	46 202	76 122	42 545	
095	SUBTOTALS NONREIMBURS COST CENTERS	78,160	32,830	35,944	46,382	76,133	43,545	
096	GIFT, FLOWER, COFFEE SHO							
097	RESEARCH	-						
	02 SENIOR ASSOCIATION							
098	PHYSICIANS' PRIVATE OFFI	:C	177		42			
099	NONPAID WORKERS		252					
099	01 BUS SERVICE MARKETING		252 493		191			
100 100	01 SQUARE FOOTAGE		493		191			
101	CROSS FOOT ADJUSTMENTS							388,844
102	NEGATIVE COST CENTER							
103	TOTAL	78,160	33,752	35,944	46,615	76,133	43,545	388,844

IN LIEU OF FORM CMS-2552-96(9/1996)CONTD

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET B
I TO 12/31/2008 I PART III I I

		COST CENTER	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN	TOTAL
		DESCRIPTION	22	25	ADJUSTMENT	27
003 004 005 006 006 006 006 008 009 010 011 012 014 015 016 017 022	02 03 04 05	GENERAL SERVICE COST CNTF NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS COMMUNICATIONS DATA PROCESSING PURCHASING, RECEIVING AND ADMITTING CASHIERING/ACCOUNTS RECEI OTHER ADMINISTRATIVE AND OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY IGR SERVICES-SALARY & FRI		25	26	27
023		I&R SERVICES-OTHER PRGM (5,684			
025 026 030 031 031 033	01	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE USUBPROVIDER REHABILITATION UNIT NURSERY	J	702,407 396,474 86,191 148,294 105,305 56,403		702,407 396,474 86,191 148,294 105,305 56,403
		ANCILLARY SRVC COST CNTRS	5			•
037 038		OPERATING ROOM RECOVERY ROOM		241,656 104,138		241,656 104,138
039		DELIVERY ROOM & LABOR ROO)	240,657		240,657
040 041		ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC		22,705 547,491		22,705 547,491
043		RADIOISOTOPE		56,774		56,774
044 046		LABORATORY WHOLE BLOOD & PACKED RED		229,057 51,710		229,057 51,710
049		RESPIRATORY THERAPY		23,274		23,274
050 051		PHYSICAL THERAPY OCCUPATIONAL THERAPY		60,533 41,626		60,533 41,626
052		SPEECH PATHOLOGY		68,585		68,585
053 054		ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY		129,050 91,839		129,050 91,839
055		MEDICAL SUPPLIES CHARGED		39,078		39,078
056 059		DRUGS CHARGED TO PATIENTS	5	89,822		89,822
059		ENDOSCOPY		70,726		70,726
059 059		LABORATORY-PATHOLOGICAL PULMONARY FUNCTION TESTIN	N	193,761 29,391		193,761 29,391
059	04	ULTRA SOUND		23,754		23,754
059 059		MAGNETIC RESONANCE IMAGIN RENAL DIALYSIS	N	18,097 1,742		18,097 1,742
	•	OUTPAT SERVICE COST CNTRS	5	•		·
060 061		CLINIC EMERGENCY		463,746 72,688		463,746 72,688
062		OBSERVATION BEDS (NON-DIS		.2,000		,,,,,,,
095		SUBTOTALS NONREIMBURS COST CENTERS		4,406,974		4,406,974
096 097		GIFT, FLOWER, COFFEE SHOP		6,122		6,122
097	02	RESEARCH SENIOR ASSOCIATION		28 952		28 952
098 099		PHYSICIANS' PRIVATE OFFICE NONPAID WORKERS	C	1,197,517		1,197,517
099	01	BUS SERVICE		1,821		1,821
100 100	01	MARKETING SQUARE FOOTAGE		2,371 268,280		2,371 268,280
101 102	υı	CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER	5,684	394,528		394,528
103		TOTAL	5,684	6,278,593		6,278,593

Health Financial Systems MCRIF32

IN LIEU OF FORM CMS-2552-96(9/1997)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET B-1

I TO 12/31/2008 I FOR MICHAEL REESE HOSPITAL COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL COSTS-MVBLE E		COMMUNICATION S		DATA PROCESSI NG	
		(SQUARE FEET	(SQUARE)FEET	(GROSS)SALARIES	(PERCENT	RECONCIL- IATION	(ACCUM. COST)	1
		3	4	5	6.01	6a.02	6.02	
003	GENERAL SERVICE COST NEW CAP REL COSTS-BLD	1,304,944						
004	NEW CAP REL COSTS-MVB	F24	982,925	20 100 540				
005 006	EMPLOYEE BENEFITS 01 COMMUNICATIONS	534 486	534 486	30,188,549 253,577	100			
006	02 DATA PROCESSING	932	932	189,971		-594,591	66,114,827	
006 006	03 PURCHASING, RECEIVING 04 ADMITTING	18,649 17,658	18,649 17,658	322,056 394,825			498,790 606,776	
006	05 CASHIERING/ACCOUNTS R	819	819	121,100			3,045,405	
006	06 OTHER ADMINISTRATIVE	35,581	35,581	2,384,810	100		19,967,191	
008 009	OPERATION OF PLANT LAUNDRY & LINEN SERVI	160,718 1,845	160,718 1,845	2,280,214			8,011,032 351,024	
010	HOUSEKEEPING	13,120	13,120	907,114			1,406,942	
011 012	DIETARY	12,213 5,000	12,213 5,000	315,445 348,789			838,693 740,534	
014	CAFETERIA NURSING ADMINISTRATIO	5,180	5,180	595,695			755,315	
015	CENTRAL SERVICES & SU	7,410	7,410	39,714			102,023	
016 017	PHARMACY MEDICAL RECORDS & LIB	11,350 6,255	11,350 6,255	803,585 584,391			1,054,271 832,763	
022	I&R SERVICES-SALARY &	61,990	61,990	1,943,013			2,490,206	
023	I&R SERVICES-OTHER PR						246,870	
025	INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS	102,335	102,335	1,473,302			2,438,701	
026	INTENSIVE CARE UNIT	56,866	56,866	1,313,610			1,975,083	
030 031	NEONATAL INTENSIVE CA SUBPROVIDER	10,806 7,644	10,806 7,644	1,086,736 2,782,627			1,090,618 3,447,513	
031	01 REHABILITATION UNIT	15,182	15,182	401,034			584,802	
033	NURSERY	7,777	7,777	297,531			422,771	
037	ANCILLARY SRVC COST C OPERATING ROOM	36,724	36,724	588,976			992,194	
038	RECOVERY ROOM	16,488	16,488	177,663			308,532	
039 040	DELIVERY ROOM & LABOR ANESTHESIOLOGY	34,357 2,602	34,357 2,602	1,513,630 1,346,717			1,685,842 316,379	
041	RADIOLOGY-DIAGNOSTIC	86,277	86,277	1,170,749			1,970,135	
043	RADIOISOTOPE	8,965	8,965	116,778			207,122	
044 046	LABORATORY WHOLE BLOOD & PACKED	30,980 6,918	30,980 6,918	806,775 160,574			671,926 347,973	
049	RESPIRATORY THERAPY	2,495	2,495	336,277			439,888	
050 051	PHYSICAL THERAPY OCCUPATIONAL THERAPY	9,567 6,555	9,567 6,555	146,463 126,598			255,718 188,334	
052	SPEECH PATHOLOGY	11,123	11,123	49,459			118,461	
053	ELECTROCARDIOLOGY	20,019	20,019	308,344			479,192	
054 055	ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR	14,930	14,930	36,292			135,302 328,922	
056	DRUGS CHARGED TO PATI						619,944	
059 059	01 ENDOSCOPY	10,764	10,764	208,331			325,271	
059	02 LABORATORY-PATHOLOGIC	30,873	30,873	198,645			561,947	
059	03 PULMONARY FUNCTION TE 04 ULTRA SOUND	4,662 3,470	4,662 3,470	36,750 138,108			71,714 186,738	
059	05 MAGNETIC RESONANCE IM	2,570	2,570	36,880			74,106	
059	06 RENAL DIALYSIS	181	181	•			59,928	
060	OUTPAT SERVICE COST C CLINIC	73,709	73,709	2,021,644			1,748,060	
061	EMERGENCY	7,191	7,191	1,383,149			1,361,878	
062	OBSERVATION BEDS (NON							
095	SPEC PURPOSE COST CEN SUBTOTALS	981,770	981,770	29,747,941	100	-594,591	64,362,829	
000	NONREIMBURS COST CENT	1 000	1 000				F 100	
096 097	GIFT, FLOWER, COFFEE RESEARCH	1,000	1,000				5,198	
097	02 SENIOR ASSOCIATION	155	155				1,292	
098 099	PHYSICIANS' PRIVATE O NONPAID WORKERS	263,043		98,376			1,075,492	
	01 BUS SERVICE	6		87,658			133,998	
100	MARKETING	F0 070		254,574			321,914	
100 101	01 SQUARE FOOTAGE CROSS FOOT ADJUSTMENT	58,970					214,104	
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	4,737,893	1,540,700	3,795,120	506,893		594,591	
104	UNIT COST MULTIPLIER	3.630725		.125714				
105	(WRKSHT B, PT I)		1.567464		5,068.930000		.008993	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
107	(WRKSHT B, PT II) COST TO BE ALLOCATED			2,776	2,550		4,862	
	(WRKSHT B, PART III						7,002	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000092	25.500000		.000074	
	(WINSIII D, FI III)				23.300000		.000074	

COST ALLOCATION - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET B-1

I TO 12/31/2008 I

	COST CENTER DESCRIPTION	PURCHASING, FECEIVING AND	R ADMITTING	CASHIERING/A		OTHER ADMINI TRATIVE AND	S OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
		(PURCH REQUISITIO	(INPATIENT)REVENUE	(GROSS)REVENUE	RECONCIL-) IATION	(ACCUM. COST	(SQUARE)FEET	(POUNDS OF)LAUNDRY)
003 004 005 006 006	GENERAL SERVICE COST NEW CAP REL COSTS-BLD NEW CAP REL COSTS-MVB EMPLOYEE BENEFITS 01 COMMUNICATIONS 02 DATA PROCESSING	6.03	6.04	6.05	6a.06	6.06	8	9
006 006 006 008 009 010 011 012 014 015	03 PURCHASING, RECEIVING 04 ADMITTING 05 CASHIERING/ACCOUNTS R 06 OTHER ADMINISTRATIVE OPERATION OF PLANT LAUNDRY & LINEN SERVI HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATIO CENTRAL SERVICES & SU PHARMACY	1,730,155 5,106 5,478 69,758 405 121,948 1,773 1,961 7,620 11,457 12,976	71,422,617	61,549,462	-20,149,534	46,559,884 8,103,367 354,299 1,455,068 846,751 747,764 764,325 106,273 1,067,527	1,069,567 1,845 13,120 12,213 5,000 5,180 7,410 11,350	327,141 966
017 022 023 025	MEDICAL RECORDS & LIB I&R SERVICES-SALARY & I&R SERVICES-OTHER PR INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS	9,129 2,609 106,754	6,386,117	6,386,117		842,907 2,512,600 249,849 2,865,382	6,255 61,990 102,335	89,795
026 030 031 031 033	INTENSIVE CARE UNIT NEONATAL INTENSIVE CA SUBPROVIDER 01 REHABILITATION UNIT NURSERY ANCILLARY SRVC COST C	122,921 24,157 24,154 11,310 17,600	6,815,514 4,041,554 12,977,430 910,480 1,796,514	6,815,514 4,041,554 12,977,430 910,480 1,796,514		2,427,425 1,343,953 4,244,920 646,630 536,819	56,866 10,806 7,644 15,182 7,777	48,632 20,460 37,151 24,175 472
037 038 039 040 041	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	81,372 6,248 135,746 23,797 48,656	1,453,923 128,230 3,143,470 1,377,851 3,238,555	1,539,011 328,860 407,600 789,221 2,966,773		1,114,115 330,644 1,787,850 377,387 2,177,947	36,724 16,488 34,357 2,602 86,277	16,729 1,427 21,228 10,276
043 044 046 049 050 051	RADIOISOTOPE LABORATORY WHOLE BLOOD & PACKED RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY	2,007 293,160 36,074 17,409 1,696 251	415,238 7,948,154 1,055,570 2,880,800 363,343 424,036	295,398 7,034,094 838,438 110,905 165,755 18,559		227,884 1,182,713 412,524 479,200 269,908 194,672	8,965 30,980 6,918 2,495 9,567 6,555	1,408 2,677 1,499
052 053 054 055 056 059	SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPH MEDICAL SUPPLIES CHAR DRUGS CHARGED TO PATI	152 2,574 441 328,922	78,274 1,991,884 37,888 2,142,808 7,532,274	44,128 1,410,432 21,487 2,769,654 609,002		122,446 571,780 138,046 584,244 720,648	11,123 20,019 14,930	3,189 177
059 059 059 059 059	01 ENDOSCOPY 02 LABORATORY-PATHOLOGIC 03 PULMONARY FUNCTION TE 04 ULTRA SOUND 05 MAGNETIC RESONANCE IM	15,026 21,774 2,805 1,660 14,777	234,139 302,838 62,528 271,109 296,278	769,424 877,302 236,272 1,076,531 493,408		372,992 619,735 85,508 244,975 106,249	10,764 30,873 4,662 3,470 2,570	3,777 1,711
059 060 061 062	06 RENAL DIALYSIS OUTPAT SERVICE COST C CLINIC EMERGENCY OBSERVATION BEDS (NON SPEC PURPOSE COST CEN	843 32,707 76,532	229,024 3,163 2,883,631	1,339 696,957 5,121,303		62,747 1,808,116 1,676,842	181 73,709 7,191	1,941 39,067
095 096	SUBTOTALS NONREIMBURS COST CENT GIFT, FLOWER, COFFEE	1,705,750	71,422,617	61,549,462	-20,149,534	44,785,031 5,245	746,393 1,000	326,757
097 097 098	RESEARCH	486 1,405				141 1,304 1,085,573	155 263,043	384
100	NONPAID WORKERS 01 BUS SERVICE MARKETING 01 SQUARE FOOTAGE CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER	16,980 5,534				140,142 326,419 216,029	6 58,970	
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	503,276	613,718	3,072,793		20,149,534	11,610,232	527,656
104 105 106	UNIT COST MULTIPLIER (WRKSHT B, PT I) COST TO BE ALLOCATED (WRKSHT B, PART II) UNIT COST MULTIPLIER	.290885	.008593	. 04992	24	.43276	10.855077 6	1.612931
107	(WRKSHT B, PT II) COST TO BE ALLOCATED (WRKSHT B, PART III	97,008	92,156	4,494		189,705	873,194	12,589
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.056069	.001290	.00007	73	.00407	.816400 4	.038482

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

IN LIEU OF FORM CMS-2552-96(9/1997)CONTD

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET B-1

I TO 12/31/2008 I COST ALLOCATION - STATISTICAL BASIS

	COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR
	DESCRIPTION				ISTRATION	CES & SUPPLY		DS & LIBRARY
		(SQUARE FEET	(MEALS)SERVED	(FTE'S	(DIRECT)NRSING HRS	(COSTED)REQUIS.	(COSTED)REQUIS.	(GROSS)REVENUE)
003 004 005 006 006 006 006 006 008	GENERAL SERVICE COST NEW CAP REL COSTS-BLD NEW CAP REL COSTS-MVB EMPLOYEE BENEFITS 01 COMMUNICATIONS 02 DATA PROCESSING 03 PURCHASING, RECEIVING 04 ADMITTING 05 CASHIERING/ACCOUNTS R 06 OTHER ADMINISTRATIVE OPERATION OF PLANT LAUNDRY & LINEN SERVI	10	11	12	14	15	16	17
010 011 012 014 015 016 017 022	HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATIO CENTRAL SERVICES & SU PHARMACY MEDICAL RECORDS & LIB I&R SERVICES-SALARY &	1,054,602 12,213 5,000 5,180 7,410 11,350 6,255 61,990	65,742	30,275 615 109 1,120 1,178	172,542 746	1,152,087 9,886 96	714,495	61,549,462
023	I&R SERVICES-OTHER PR INPAT ROUTINE SRVC CN			4,021		477		
025 026 030 031 031 033	ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CA SUBPROVIDER 01 REHABILITATION UNIT NURSERY	102,335 56,866 10,806 7,644 15,182 7,777	24,450 2,868 35,616 2,808	2,108 1,862 794 4,612 627 416	36,237 29,358 10,824 27,860 9,753 4,683	108,100 120,254 23,544 21,303 10,789 13,401		6,386,117 6,815,514 4,041,554 12,977,430 910,480 1,796,514
037 038 039 040 041 043 044 046 050 051 052 053 054 055 056	ANCILLARY SRVC COST C OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOISOTOPE LABORATORY WHOLE BLOOD & PACKED RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY DRUGS CHARGED TO PATI	36,724 16,488 34,357 2,602 86,277 8,965 30,980 6,918 2,495 9,567 6,555 11,123 20,019 14,930		715 218 1,508 407 1,279 93 1,703 280 523 176 150 52 379 47	5,684 3,993 18,149 527	65,444 6,073 128,756 23,797 19,174 2,007 24,926 84,643 16,637 857 251 1,098 383 328,922 12,720	714,495	1,539,011 328,860 407,600 789,221 2,966,773 295,398 7,034,094 838,438 110,905 165,755 18,559 44,128 1,410,432 21,487 2,769,654 609,002
059 059 059 059 059 059 060 061	01 ENDOSCOPY 02 LABORATORY-PATHOLOGIC 03 PULMONARY FUNCTION TE 04 ULTRA SOUND 05 MAGNETIC RESONANCE IM 06 RENAL DIALYSIS 0UTPAT SERVICE COST C CLINIC EMERGENCY	10,764 30,873 4,662 3,470 2,570 181 73,709 7,191		242 338 53 141 33 2,205 1,444	3,889 3,024 17,317	12,720 3,105 2,668 1,230 8,443 843 19,032 74,761		769,424 877,302 236,272 1,076,531 493,408 1,339 696,957 5,121,303
062 095 096 097	OBSERVATION BEDS (NON SPEC PURPOSE COST CEN SUBTOTALS NONREIMBURS COST CENT GIFT, FLOWER, COFFEE RESEARCH	731,428	65,742	29,448	172,542	1,146,340	714,495	61,549,462
097 098	02 SENIOR ASSOCIATION PHYSICIANS' PRIVATE O	155 263,043		159		1,034		
099 099 100 100 101 102	NONPAID WORKERS 01 BUS SERVICE MARKETING 01 SQUARE FOOTAGE CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER	6 58,970		226 442		4,713		
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,227,191	1,371,561	1,136,205	1,185,349	259,123	1,720,948	1,333,029
104 105 106	UNIT COST MULTIPLIER (WRKSHT B, PT I) COST TO BE ALLOCATED (WRKSHT B, PART II) UNIT COST MULTIPLIER	2.111878	20.862782	37.529480	6.869916	.224916	2.408621	.021658
107	(WRKSHT B, PT II) COST TO BE ALLOCATED	91,864	78,160	33,752	35,944	46,615	76,133	43,545
108	(WRKSHT B, PART III UNIT COST MULTIPLIER (WRKSHT B, PT III)	.087108	1.188890	1.114847	.208320	.040461	.106555	.000707

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04 ULTRA SOUND

CLINIC

EMERGENCY

SUBTOTALS

RESEARCH

01 BUS SERVICE

MARKETING

01 SQUARE FOOTAGE

06 RENAL DIALYSIS

05 MAGNETIC RESONANCE IM

OUTPAT SERVICE COST C

OBSERVATION BEDS (NON SPEC PURPOSE COST CEN

NONREIMBURS COST CENT

GIFT, FLOWER, COFFEE

CROSS FOOT ADJUSTMENT

NEGATIVE COST CENTER

COST TO BE ALLOCATED

UNIT COST MULTIPLIER

(WRKSHT B, PT I)
COST TO BE ALLOCATED

UNIT COST MULTIPLIER (WRKSHT B, PT II)

COST TO BE ALLOCATED

UNIT COST MULTIPLIER

(WRKSHT B, PT III)

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02 SENIOR ASSOCIATION PHYSICIANS' PRIVATE O NONPAID WORKERS I

COST ALLOCATION - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96(9/1997)CONTD I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET B-1
I TO 12/31/2008 I PROVIDER NO: 14-0075

COST CENTER DESCRIPTION		- I&R SERVICES- OTHER PRGM C	
	(ASSIGNED TIME	(ASSIGNED)TIME)
GENERAL SERVICE COST NEW CAP REL COSTS-BLD NEW CAP REL COSTS-BLD NEW CAP REL COSTS-MVB EMPLOYEE BENEFITS 01 COMMUNICATIONS 02 DATA PROCESSING 03 PURCHASING, RECEIVING 04 ADMITTING 05 CASHIERING/ACCOUNTS R 06 OTHER ADMINISTRATIVE OPERATION OF PLANT LAUNDRY & LINEN SERVI HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATIO CENTRAL SERVICES & SU PHARMACY MEDICAL RECORDS & LIB I&R SERVICES-SALARY & I&R SERVICES-SALARY & I&R SERVICES-OTHER PR INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CA SUBPROVIDER 01 REHABILITATION UNIT NURSERY ANCILLARY SRVC COST C OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RAD	3,613 3,511 2	3,613 3,511 2	
01 ENDOSCOPY 02 LABORATORY-PATHOLOGIC 03 PULMONARY FUNCTION TE 04 ULTRA SOLUND			

100

3,613

4,403,789

1,218.873236

388,844

107.623582

100

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508,988

140.876834

5,684

1.573208

Health Financial Systems MCRIF32

OBSERVATION BEDS (NON-DIS

OTHER REIMBURS COST CNTRS

LESS OBSERVATION BEDS

SUBTOTAL

TOTAL

62

101

102

103

MCRIF32 FOR MICHAEL REESE HOSPITAL

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A COST CENTER DESCRIPTION WKST B, PT I TOTAL THERAPY RCE TOTAL LINE NO. COL. 27 ADJUSTMENT COSTS DISALLOWANCE INPAT ROUTINE SRVC CNTRS 25 6,578,004 6,578,004 6,578,004 ADULTS & PEDIATRICS 26 INTENSIVE CARE UNIT 4,799,809 4,799,809 4.799.809 30 NEONATAL INTENSIVE CARE U 2,295,677 2,295,677 2,295,677 7,634,396 1,333,589 7,634,396 1,333,589 SUBPROVIDER 7,634,396 31 1,333,589 31 01 REHABILITATION UNIT 33 NURSERY 960,448 960,448 960,448 ANCILLARY SRVC COST CNTRS 2,213,382 37 OPERATING ROOM 2,213,382 2,213,382 RECOVERY ROOM 733,938 38 39 DELIVERY ROOM & LABOR ROO 3,260,379 3,260,379 3,260,379 40 ANESTHESIOLOGY 612,166 612,166 612,166 41 RADIOLOGY-DIAGNOSTIC 4,375,998 4,375,998 4,375,998 43 RADIOISOTOPE 455,363 455,363 455,363 2,318,130 728,460 744,705 LABORATORY
WHOLE BLOOD & PACKED RED 2,318,130 2,318,130 44 728,460 744,705 728,460 46 RESPIRATORY THERAPY 49 744,705 PHYSICAL THERAPY OCCUPATIONAL THERAPY 525,476 372,422 525,476 372,422 525,476 372,422 50 51 322,575 1,132,396 322,575 52 SPEECH PATHOLOGY 322,575 ELECTROCARDIOLOGY 53 1,132,396 1,132,396 54 393,984 ELECTROENCEPHALOGRAPHY 393,984 393,984 MEDICAL SUPPLIES CHARGED 971,050 DRUGS CHARGED TO PATIENTS 2,769,519 2,769,519 2,769,519 59 59 01 ENDOSCOPY 735,402 735,402 735,402 1,320,648 59 02 LABORATORY-PATHOLOGICAL 1,320,648 1,320,648 59 03 PULMONARY FUNCTION TESTIN 190.671 190.671 190.671 04 ULTRA SOUND 427,632 199,379 427,632 199,379 427,632 59 199,379 05 MAGNETIC RESONANCE IMAGIN 59 06 RENAL DIALYSIS 92,468 59 92.468 92.468 OUTPAT SERVICE COST CNTRS 60 CLINIC 3,672,423 3,672,423 3,672,423 2,859,671 **EMERGENCY** 2,859,671 2,859,671 61

196,181

196,181

55,226,341

55,030,160

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IN LIEU OF FORM CMS-2552-96(05/1999)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET C

I TO 12/31/2008 I PART I

196,181

196,181

55,226,341

55,030,160

Health Financial Systems MCRIF32

FOR MICHAEL REESE HOSPITAL

IN LIEU OF FORM CMS-2552-96(05/1999)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET C
I TO 12/31/2008 I PART I I I I COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST LINE		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25 26 30 31 31 33	01	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE U SUBPROVIDER REHABILITATION UNIT NURSERY	6,386,117 6,815,514 4,041,554 12,977,430 910,480 1,796,517		6,386,117 6,815,514 4,041,554 12,977,430 910,480 1,796,517			
37 38 39 40 41 43 44 46 49 50 51 52 53 54		ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROO ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOISOTOPE LABORATORY WHOLE BLOOD & PACKED RED RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED	1,453,923 128,230 3,143,470 1,377,851 3,238,555 415,238 7,948,154 1,055,570 2,880,800 363,343 424,036 78,274 1,991,884 37,888 2,342,808	1,539,011 328,860 407,600 789,221 2,966,773 295,398 7,034,094 838,438 110,905 165,755 18,559 44,128 1,410,432 21,487 2,569,654	2,992,934 457,090 3,551,070 2,167,072 6,205,328 710,636 14,982,248 1,894,008 2,991,705 529,098 442,595 122,402 3,402,316 593,755 4,912,462	.739536 1.605675 .918140 .282485 .705200 .640782 .154725 .384613 .248923 .993154 .841451 2.635374 .332831 6.635520		.739536 1.605675 .918140 .282485 .705200 .640782 .154725 .384613 .248923 .993154 .841451 2.635374 .332831 6.635570
56 59		DRUGS CHARGED TO PATIENTS	7,532,274	609,002	8,141,276	.340182	.340182	.340182
59 59 59 59 59	02 03 04 05	ENDOSCOPY LABORATORY-PATHOLOGICAL PULMONARY FUNCTION TESTIN ULTRA SOUND MAGNETIC RESONANCE IMAGIN RENAL DIALYSIS	234,139 302,838 62,528 271,109 296,278 229,024	769,424 877,302 236,272 1,076,531 493,408 1,339	1,003,563 1,180,140 298,800 1,347,640 789,686 230,363	.732791 1.119060 .638122 .317319 .252479 .401401	.732791 1.119060 .638122 .317319 .252479 .401401	.732791 1.119060 .638122 .317319 .252479 .401401
60 61 62		OUTPAT SERVICE COST CNTRS CLINIC EMERGENCY OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,163 2,883,631 66,167	696,957 5,121,303 349,980	700,120 8,004,934 416,147	5.245419 .357239 .471422	5.245419 .357239 .471422	5.245419 .357239 .471422
101 102 103		SUBTOTAL LESS OBSERVATION BEDS TOTAL	71,688,787 71,688,787	28,771,833 28,771,833	100,460,620 100,460,620			

**NOT A CMS WORKSHEET ** (05/1999)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET C
I TO 12/31/2008 I PART I Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

COMPUTATION OF RATIO OF COSTS TO CHARGES SPECIAL TITLE XIX WORKSHEET

WKST	٨	COST CENTER DESCRIPTION	WKST B, PT I	THERAPY	TOTAL	RCE	TOTAL
LINE		COST CENTER DESCRIPTION	COL. 27	ADJUSTMENT	COSTS	DISALLOWANCE	COSTS
			1	2	3	4	5
		INPAT ROUTINE SRVC CNTRS	-	-	J	•	•
25		ADULTS & PEDIATRICS	11,352,086	1	1,352,086		11,352,086
26		INTENSIVE CARE UNIT	4,802,529		4,802,529		4,802,529
30		NEONATAL INTENSIVE CARE U	2,295,677		2,295,677		2,295,677
31		SUBPROVIDER	7,634,396		7,634,396		7,634,396
31	01	REHABILITATION UNIT	1,333,589		1,333,589		1,333,589
33		NURSERY	960,448		960,448		960,448
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	2,213,382		2,213,382		2,213,382
38		RECOVERY ROOM	733,938		733,938		733,938
39		DELIVERY ROOM & LABOR ROO	3,260,379		3,260,379		3,260,379
40		ANESTHESIOLOGY	612,166		612,166		612,166
41		RADIOLOGY-DIAGNOSTIC	4,375,998		4,375,998		4,375,998
43		RADIOISOTOPE	455,363		455,363		455,363
44		LABORATORY	2,318,130		2,318,130		2,318,130
46		WHOLE BLOOD & PACKED RED	728,460		728,460		728,460
49		RESPIRATORY THERAPY	744,705		744,705		744,705
50		PHYSICAL THERAPY	525,476		525,476		525,476
51		OCCUPATIONAL THERAPY	372,422		372,422		372,422
52		SPEECH PATHOLOGY	322,575		322,575		322,575
53		ELECTROCARDIOLOGY	1,132,396		1,132,396		1,132,396
54		ELECTROENCEPHALOGRAPHY	393,984		393,984		393,984
55		MEDICAL SUPPLIES CHARGED	971,050		971,050		971,050
56		DRUGS CHARGED TO PATIENTS	2,769,519		2,769,519		2,769,519
59	01	FNDOCCODY	725 402		725 402		725 402
59		ENDOSCOPY	735,402		735,402		735,402
59 59		LABORATORY-PATHOLOGICAL	1,320,648		1,320,648		1,320,648
59 59		PULMONARY FUNCTION TESTIN	190,671		190,671		190,671
59 59		ULTRA SOUND MAGNETIC RESONANCE IMAGIN	427,632 199,379		427,632 199,379		427,632 199,379
59 59		RENAL DIALYSIS	92,468		92,468		92,468
39	00	OUTPAT SERVICE COST CNTRS	92,400		92,400		92,400
60		CLINIC	3,808,398		3,808,398		3,808,398
61		EMERGENCY	2,859,671		2,859,671		2,859,671
62		OBSERVATION BEDS (NON-DIS	196,181		196,181		196,181
02		OTHER REIMBURS COST CNTRS	150,101		190,101		130,101
101		SUBTOTAL	60,139,118	a	50,139,118		60,139,118
101		LESS OBSERVATION BEDS	196,181		196.181		196,181
103		TOTAL	59,942,937	Ç	59,942,937		59,942,937
103		TOTAL	33,342,337	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		JJ, J7L, JJI

Health Financial Systems MCRIF32

FOR MICHAEL REESE HOSPITAL

COMPUTATION OF RATIO OF COSTS TO CHARGES SPECIAL TITLE XIX WORKSHEET

I I

**NOT A CMS WORKSHEET ** (05/1999)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET C
I TO 12/31/2008 I PART I

WKST LINE		INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25 26 30 31	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE U SUBPROVIDER	6,386,117 6,815,514 4,041,554 12,977,430	ŕ	6,386,117 6,815,514 4,041,554 12,977,430	J	10	-11
31 33	01 REHABILITATION UNIT NURSERY ANCILLARY SRVC COST CNTRS	910,480 1,796,517		910,480 1,796,517			
37 38 39	OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROO	1,453,923 128,230 3,143,470	1,539,011 328,860 407,600	2,992,934 457,090 3,551,070	.739536 1.605675 .918140	.739536 1.605675 .918140	.739536 1.605675 .918140
40 41 43	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOISOTOPE	1,377,851 3,238,555 415,238	789,221 2,966,773 295,398	2,167,072 6,205,328 710,636	.282485 .705200 .640782		.282485 .705200 .640782
44 46 49	LABORATORY WHOLE BLOOD & PACKED RED RESPIRATORY THERAPY	7,948,154 1,055,570 2,880,800	7,034,094 838,438 110,905	14,982,248 1,894,008 2,991,705	.154725 .384613 .248923	.154725 .384613 .248923	.154725 .384613 .248923
50 51 52	PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY	363,343 424,036 78,274	165,755 18,559 44,128	529,098 442,595 122,402	.993154 .841451 2.635374	.993154 .841451	.993154 .841451 2.635374
53 54	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	1,991,884 37,888	1,410,432 21,487	3,402,316 59,375	.332831 6.635520	.332831 6.635520	.332831 6.635520 .197671
55 56 59	MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS	2,342,808 7,532,274	2,569,654 609,002	4,912,462 8,141,276	.197671 .340182	.340182	.340182
59 59 59	01 ENDOSCOPY 02 LABORATORY-PATHOLOGICAL 03 PULMONARY FUNCTION TESTIN	234,139 302,838 62,528	769,424 877,302 236,272	1,003,563 1,180,140 298,800	.732791 1.119060 .638122	1.119060 .638122	.732791 1.119060 .638122
59 59 59	04 ULTRA SOUND 05 MAGNETIC RESONANCE IMAGIN 06 RENAL DIALYSIS	271,109 296,278 229,024	1,076,531 493,408 1,339	1,347,640 789,686 230,363	.317319 .252479 .401401		.317319 .252479 .401401
60 61	OUTPAT SERVICE COST CNTRS CLINIC EMERGENCY	3,163 2,883,631	696,957 5,121,303	700,120 8,004,934	5.439636 .357239	.357239	5.439636 .357239
62 101	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS SUBTOTAL	66,167 71,688,787	349,980 28,771,833	416,147 100,460,620	.471422	.471422	.471422
102 103	LESS OBSERVATION BEDS TOTAL	71,688,787	28,771,833	100,460,620			

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET C

I TO 12/31/2008 I PART II

		TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST COST NET OF
WKST	A COST CENTER DESCRIPTION	WKST B, PT I		COST NET OF	REDUCTION	REDUCTION CAP AND OPER
LINE			& III,COL. 27	CAPITAL COST	REDUCTION	AMOUNT COST REDUCTION
		1	2	3	4	5 6
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,213,382	241,656	1,971,726		2,213,382
38	RECOVERY ROOM	733,938	104,138	629,800		733,938
39	DELIVERY ROOM & LABOR ROO			3,019,722		3,260,379
40	ANESTHESIOLOGY	612,166		589,461		612,166
41	RADIOLOGY-DIAGNOSTIC	4,375,998				4,375,998
43	RADIOISOTOPE	455,363		398,589		455,363
44	LABORATORY	2,318,130		2,089,073		2,318,130
46	WHOLE BLOOD & PACKED RED	728,460		676,750		728,460
49	RESPIRATORY THERAPY	744,705		721,431		744,705
50	PHYSICAL THERAPY	525,476		464,943		525,476
51	OCCUPATIONAL THERAPY	372,422		330,796		372,422
52	SPEECH PATHOLOGY	322,575		253,990		322,575
53	ELECTROCARDIOLOGY	1,132,396				1,132,396
54	ELECTROENCEPHALOGRAPHY	393,984		302,145		393,984
55	MEDICAL SUPPLIES CHARGED	971,050		931,972		971,050
56 59	DRUGS CHARGED TO PATIENTS	2,769,519	89,822	2,679,697		2,769,519
59 59	01 ENDOSCOPY	735,402	70,726	664,676		735 403
59 59	02 LABORATORY-PATHOLOGICAL	1,320,648				735,402 1,320,648
59	03 PULMONARY FUNCTION TESTIN			161,280		1,320,648
59	04 ULTRA SOUND	427,632		403,878		427,632
59	05 MAGNETIC RESONANCE IMAGIN			181,282		199,379
59	06 RENAL DIALYSIS	92,468		90.726		92,468
33	OUTPAT SERVICE COST CNTRS		_,,,,_	30,720		32,100
60	CLINIC	3,672,423	463,746	3,208,677		3,672,423
61	EMERGENCY	2,859,671		2,786,983		2,859,671
62	OBSERVATION BEDS (NON-DIS			175,233		196,181
	OTHER REIMBURS COST CNTRS		.,.	,		,
101	SUBTOTAL	31,624,418	2,932,848	28,691,570		31,624,418
102	LESS OBSERVATION BEDS	196,181	20,948	175,233		196,181
103	TOTAL	31,428,237	2,911,900	28,516,337		31,428,237

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET C

I TO 12/31/2008 I PART II

			TOTAL	OUTPAT COST	I/P PT B COST
WKST	Α	COST CENTER DESCRIPTION	CHARGES	TO CHRG RATIO	TO CHRG RATIO
LINE	NO.				
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	2,992,934	.739536	.739536
38		RECOVERY ROOM	457,090	1.605675	1.605675
39		DELIVERY ROOM & LABOR ROO	3,551,070	.918140	.918140
40		ANESTHESIOLOGY	2,167,072	.282485	.282485
41		RADIOLOGY-DIAGNOSTIC	6,205,328	.705200	.705200
43		RADIOISOTOPE	710,636	.640782	.640782
44		LABORATORY	14,982,248	.154725	.154725
46		WHOLE BLOOD & PACKED RED	1,894,008	.384613	.384613
49		RESPIRATORY THERAPY	2,991,705	.248923	.248923
50		PHYSICAL THERAPY	529,098	.993154	.993154
51		OCCUPATIONAL THERAPY	442,595	.841451	.841451
52		SPEECH PATHOLOGY	122,402	2.635374	2.635374
53		ELECTROCARDIOLOGY	3,402,316	.332831	.332831
54		ELECTROENCEPHALOGRAPHY	59,375	6.635520	6.635520
55		MEDICAL SUPPLIES CHARGED	4,912,462	.197671	.197671
56		DRUGS CHARGED TO PATIENTS	8,141,276	.340182	.340182
59					
59	01	ENDOSCOPY	1,003,563	.732791	.732791
59	02	LABORATORY-PATHOLOGICAL	1,180,140	1.119060	1.119060
59	03	PULMONARY FUNCTION TESTIN	298,800	.638122	.638122
59	04	ULTRA SOUND	1,347,640	.317319	.317319
59	05	MAGNETIC RESONANCE IMAGIN	789,686	.252479	.252479
59	06	RENAL DIALYSIS	230,363	.401401	.401401
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	700,120	5.245419	5.245419
61		EMERGENCY	8,004,934	.357239	.357239
62		OBSERVATION BEDS (NON-DIS	416,147	.471422	.471422
		OTHER REIMBURS COST CNTRS	•		
101		SUBTOTAL	67,533,008		
102		LESS OBSERVATION BEDS	416,147		
103		TOTAL	67,116,861		
			-		

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL
CALCULATION OF OUTPATIENT SERVICE COST TO
CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 44-0075 I FROM 1/ 1/2008 I WORKSHEET C
I TO 12/31/2008 I PART II

WKST .		ION WKST B, PT I		OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT 6	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST (
37	OPERATING ROOM	2,213,382	241,656	1,971,726	24,166		
38	RECOVERY ROOM	733,938	104,138	629,800	10,414		686,996
39	DELIVERY ROOM & LABOR		240,657	3,019,722	24,066		
40	ANESTHESIOLOGY	612,166	22,705	589,461	2,271		
41	RADIOLOGY-DIAGNOSTIC	4,375,998	547,491	3,828,507	54,749		
43	RADIOISOTOPE	455,363	56,774	398,589	5,677		
44	LABORATORY	2,318,130	229,057	2,089,073	22,906		
46	WHOLE BLOOD & PACKED		51,710	676,750	5,171		
49	RESPIRATORY THERAPY	744,705	23,274	721,431	2,327		
50	PHYSICAL THERAPY	525,476	60,533	464,943	6,053		
51	OCCUPATIONAL THERAPY	372,422	41,626	330,796	4,163	19,186	349,073
52	SPEECH PATHOLOGY	322,575	68,585	253,990	6,859	14,731	300,985
53	ELECTROCARDIOLOGY	1,132,396	129,050	1,003,346	12,905	58,194	1,061,297
54	ELECTROENCEPHALOGRAPH	iy 393,984	91,839	302,145	9,184	17,524	367,276
55	MEDICAL SUPPLIES CHAP	RGED 971,050	39,078	931,972	3,908	54,054	913,088
56 59	DRUGS CHARGED TO PATE	ZENTS 2,769,519	89,822	2,679,697	8,982	155,422	2,605,115
59	01 ENDOSCOPY	735,402	70,726	664,676	7,073	38,551	689,778
59	02 LABORATORY-PATHOLOGIC		193,761	1,126,887	19,376		
59	03 PULMONARY FUNCTION TI		29,391	161,280	2,939		
59	04 ULTRA SOUND	427,632	23,754	403,878	2,375		
59	05 MAGNETIC RESONANCE IN		18,097	181,282	1,810		
59	06 RENAL DIALYSIS	92,468	1,742	90,726	174		
33	OUTPAT SERVICE COST O		1,7.12	30,720	_, .	3,202	07,032
60	CLINIC	3,808,398	463.746	3.344.652	46,375	193.990	3.568.033
61	EMERGENCY	2,859,671	72,688	2,786,983	7,269		
62	OBSERVATION BEDS (NO	, ,	20,948	175.233	2,095		
02	OTHER REIMBURS COST		20,540	113,233	2,033	10,104	103,322
101	SUBTOTAL	31,760,393	2,932,848	28,827,545	293,287	1,671,995	29,795,111
102	LESS OBSERVATION BEDS			175,233	2,095		
103	TOTAL	31,564,212	2,911,900	28,652,312	291,192		
103	TOTAL	31,304,212	2,311,300	20,032,312	231,132	1,001,031	23,011,103

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL
CALCULATION OF OUTPATIENT SERVICE COST TO
CHARGE RATIOS NET OF REDUCTIONS
SPECIAL TITLE XIX WORKSHEET

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 44-0075 I FROM 1/ 1/2008 I WORKSHEET C
I TO 12/31/2008 I PART II

WKST LINE		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
37 38		ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM	2,992,934 457,090	.693252 1.502978	.731462 1.582892
39		DELIVERY ROOM & LABOR ROO	3,551,070	.862041	.911363
40		ANESTHESIOLOGY	2,167,072	.265661	. 281437
41		RADIOLOGY-DIAGNOSTIC	6,205,328	.660593	.696377
43		RADIOISOTOPE	710,636	.600262	.632794 .153196
44 46		LABORATORY WHOLE BLOOD & PACKED RED	14,982,248 1,894,008	.145109 .361158	. 153196
49		RESPIRATORY THERAPY	2,991,705	.234159	. 248145
50		PHYSICAL THERAPY	529,098	.930746	.981714
51		OCCUPATIONAL THERAPY	442,595	.788696	.832045
52		SPEECH PATHOLOGY	122,402	2.458988	2.579337
53		ELECTROCARDIOLOGY	3,402,316	.311934	
54		ELECTROENCEPHALOGRAPHY	59,375	6.185701	6.480842
55		MEDICAL SUPPLIES CHARGED	4,912,462	.185872	. 196875
56 59		DRUGS CHARGED TO PATIENTS	8,141,276	.319989	.339079
59		ENDOSCOPY	1,003,563	.687329	.725743
59		LABORATORY-PATHOLOGICAL	1,180,140	1.047260	1.102642
59		PULMONARY FUNCTION TESTIN	298,800	.596981	.628286
59		ULTRA SOUND	1,347,640	.298175	.315557
59 59		MAGNETIC RESONANCE IMAGIN RENAL DIALYSIS	789,686 230,363	.236873	.250187 .400646
39	06	OUTPAT SERVICE COST CNTRS	230,303	.377604	.400646
60		CLINIC	700,120	5.096316	5.373397
61		EMERGENCY	8,004,934	.336137	.356330
62		OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	416,147	.441964	.466388
101		SUBTOTAL	67,533,008		
102		LESS OBSERVATION BEDS	416,147		
103		TOTAL	67,116,861		

IN LIEU OF FORM CMS-2552-96(09/1997)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D

I TO 12/31/2008 I PART I Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

WKST /		COST CENTER DESCRIPTION	CAPITAL REL COST (B, II)	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST	CAPITAL REL COST (B,III)	NEW CAPITAL SWING BED ADJUSTMENT	REDUCED CAP RELATED COST 6
		INPAT ROUTINE SRVC CNTRS	-	-	3	•	,	· ·
25		ADULTS & PEDIATRICS				702,407		702,407
26		INTENSIVE CARE UNIT				396,474		396,474
30		NEONATAL INTENSIVE CARE U				86,191		86,191
31		SUBPROVIDER				148,294		148,294
31	01	REHABILITATION UNIT				105,305		105,305
33		NURSERY				56,403		56,403
101		TOTAL				1,495,074		1,495,074

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

IN LIEU OF FORM CMS-2552-96(09/1997)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D

I TO 12/31/2008 I PART I APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

WKST .		TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	7,712	2,636			91.08	240,087
26	INTENSIVE CARE UNIT	956	265			414.72	109,901
30	NEONATAL INTENSIVE CARE U	759				113.56	·
31	SUBPROVIDER	11,872	1,194			12.49	14,913
31	01 REHABILITATION UNIT	936	526			112.51	59,180
33	NURSERY	1,384				40.75	·
101	TOTAL	23,619	4,621				424,081

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

IN LIEU OF FORM CMS-2552-96(09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D

I COMPONENT NO: I TO 12/31/2008 I PART II

I 14-0075 I I APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TTTLE XVTTT. PART A	HOSPTTAL	PP

WKST .		N OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPS CST/CHRG RATIO 5	ITAL COSTS 6
	ANCILLARY SRVC COST CN	TRS					
37	OPERATING ROOM		241,656	2,992,934	476,631	L	
38	RECOVERY ROOM		104,138	457,090		·	
39	DELIVERY ROOM & LABOR	ROO	240,657	3,551,070			
40	ANESTHESIOLOGY		22,705	2,167,072	122,251	L	
41	RADIOLOGY-DIAGNOSTIC		547,491	6,205,328	1,353,333	3	
43	RADIOISOTOPE		56,774		191,795		
44			229,057	14,982,248			
46		ED	51,710	1,894,008			
49	RESPIRATORY THERAPY		23,274	2,991,705			
50	PHYSICAL THERAPY		60,533	529,098	64,404		
51	OCCUPATIONAL THERAPY		41,626		57,758		
52			68,585	122,402	10,962		
53			129,050	3,402,316			
54			91,839	59,375	17,760)	
55			39,078				
56		NTS	89,822	8,141,276	2,163,415)	
59			=0 =00	4 000 500	407.04		
59			70,726	1,003,563			
59			193,761	1,180,140		3	
		TIN	29,391	298,800			
			23,754	1,347,640			
59		GIN	18,097	789,686			
59			1,742	230,363	107,120)	
-	OUTPAT SERVICE COST CN	IKS	462 746	700 120	1 24		
60			463,746	700,120			
61		DTC	72,688	8,004,934			
62			20,948	416,147	10,737		
101	OTHER REIMBURS COST CN	11/2	2 022 040	67 522 000	12 012 270	•	
101	TOTAL		2,932,848	67,533,008	12,812,278)	

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D

COMPONENT NO: I TO 12/31/2008 I PART II

I 14-0075 I I I

PPS

		COST CENTER DESCRIPTION	NEW CAPITA	
LINE	NO.		CST/CHRG RATIO	COSTS
			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.080742	38,484
38		RECOVERY ROOM	.227828	6,260
39		DELIVERY ROOM & LABOR ROO		
40		ANESTHESIOLOGY	.010477	1,281
41		RADIOLOGY-DIAGNOSTIC	.088229	119,403
43		RADIOISOTOPE	.079892	15,323
44		LABORATORY	.015289	47,140
46		WHOLE BLOOD & PACKED RED		7,834
49		RESPIRATORY THERAPY	.007780	15,054
50		PHYSICAL THERAPY	.114408	7,368
51		OCCUPATIONAL THERAPY	.094050	5,432
52		SPEECH PATHOLOGY	.560326	6,142
53		ELECTROCARDIOLOGY	.037930	33,821
54		ELECTROENCEPHALOGRAPHY	1.546762	27,470
55		MEDICAL SUPPLIES CHARGED	.007955	8,132
56		DRUGS CHARGED TO PATIENTS	.011033	23,869
59				
59	01	ENDOSCOPY	.070475	9,008
59	02	LABORATORY-PATHOLOGICAL	.164185	776
59	03	PULMONARY FUNCTION TESTIN	.098363	
59	04	ULTRA SOUND	.017626	1,718
59	05	MAGNETIC RESONANCE IMAGIN	.022917	2,667
59	06	RENAL DIALYSIS	.007562	810
		OUTPAT SERVICE COST CNTRS	5	
60		CLINIC	.662381	890
61		EMERGENCY	.009080	5,828
62		OBSERVATION BEDS (NON-DIS	.050338	540
		OTHER REIMBURS COST CNTRS		
101		TOTAL		385,250
				,

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I 14-0075 I FROM 1/1/2008 I WORKSHEET D

SERVICE OTHER PASS THROUGH COSTS I TITLE XVIII, PART A

FOR MICHAEL REESE HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)

I PREPARED 6/27/2009

I 14-0075 I FROM 1/1/2008 I WORKSHEET D

I TO 12/31/2008 I PART III

PPS

WKST A		NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					7,712	
26	INTENSIVE CARE UNIT					956	
30	NEONATAL INTENSIVE CARE U					759	
31	SUBPROVIDER					11,872	
31	01 REHABILITATION UNIT					936	
33	NURSERY					1,384	
101	TOTAL					23.619	

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I 14-0075 I FROM 1/1/2008 I WORKSHEET D

SERVICE OTHER PASS THROUGH COSTS I TITLE XVIII, PART A

WKST LINE		COST CENTER DESCRIPTION		INPAT PROGRAM PASS THRU COST 8
25		ADULTS & PEDIATRICS	2,63	-
26		INTENSIVE CARE UNIT	26	
30		NEONATAL INTENSIVE CARE U		
31		SUBPROVIDER	1,19	4
31	01	REHABILITATION UNIT	52	6
33		NURSERY		
101		TOTAL	4.62	1

Health Financial Systems MCRIF32 FOR MIC APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS FOR MICHAEL REESE HOSPITAL PROVIDER NO: 14-0075 COMPONENT NO: 14-0075 I I I

				I 1	.4-0075	I	I
	TITLE XVIII, PART A	HOSPITAL			PPS		
WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01		MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
59 02 59 03 59 04 59 05	ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROO ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOISOTOPE LABORATORY WHOLE BLOOD & PACKED RED RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPECH PATHOLOGY ELECTROCARDIOLOGY MEDICAL SUPPLIES CHARGED DRUGS CHARGED TO PATIENTS ENDOSCOPY LABORATORY-PATHOLOGICAL PULMONARY FUNCTION TESTIN ULTRA SOUND MAGNETIC RESONANCE IMAGIN		1.01	2	2.01	2.02	2.03
59 06	RENAL DIALYSIS						

60

61 62 101 CLINIC

TOTAL

OUTPAT SERVICE COST CNTRS

EMERGENCY
OBSERVATION BEDS (NON-DIS
OTHER REIMBURS COST CNTRS

Health Financial Systems MCRIF32 FOR MIC APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS FOR MICHAEL REESE HOSPITAL

I I I

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET D

COMPONENT NO: I TO 12/31/2008 I PART IV

14-0075 I I I I I

TITLE XVIII, PART A HOSPITAL

	TITLE AVIII, PART A	110	SFITAL		FF3	
WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST O/P RATIO OF TO CHARGES CST TO CHARGES 5 5.01	INPAT PROG INPAT PROG CHARGE PASS THRU COST 6 7
	ANCILLARY SRVC COST CNTRS	3	3.01	7	3 3.01	0 /
37	OPERATING ROOM			2,992,934		476,631
38	RECOVERY ROOM			457,090		27,475
39	DELIVERY ROOM & LABOR ROO			3,551,070		27,173
40	ANESTHESIOLOGY			2,167,072		122,251
41	RADIOLOGY-DIAGNOSTIC			6,205,328		1,353,333
43	RADIOISOTOPE			710,636		191,795
44	LABORATORY			14,982,248		3,083,230
46	WHOLE BLOOD & PACKED RED			1,894,008		286,949
49	RESPIRATORY THERAPY			2,991,705		1,934,983
50	PHYSICAL THERAPY			529,098		64,404
51	OCCUPATIONAL THERAPY			442,595		57,758
52	SPEECH PATHOLOGY			122,402		10,962
53	ELECTROCARDIOLOGY			3,402,316		891,669
54	ELECTROENCEPHALOGRAPHY			59,375		17,760
55	MEDICAL SUPPLIES CHARGED			4,912,462		1,022,272
56 59	DRUGS CHARGED TO PATIENTS			8,141,276		2,163,415
	. ENDOSCOPY			1,003,563		127,817
	LABORATORY-PATHOLOGICAL			1,180,140		4,728
	PULMONARY FUNCTION TESTIN			298,800		
	ULTRA SOUND			1,347,640		97,455
	MAGNETIC RESONANCE IMAGIN			789,686		116,366
59 06	RENAL DIALYSIS			230,363		107,120
	OUTPAT SERVICE COST CNTRS			700 400		4 344
60	CLINIC			700,120		1,344
61	EMERGENCY			8,004,934		641,824
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			416,147		10,737
101	TOTAL			67,533,008		12,812,278

FOR MICHAEL REESE HOSPITAL

Health Financial Systems MCRIF32 FOR MIC APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS I I I

TITLE XVIII, PART A	HOSPITAL	PPS
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WKST A		OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	690,962				
38	RECOVERY ROOM	112,084				
39	DELIVERY ROOM & LABOR ROO	406				
40	ANESTHESIOLOGY	295,183				
41	RADIOLOGY-DIAGNOSTIC	739,616				
43	RADIOISOTOPE	81,162				
44	LABORATORY	94,397				
46	WHOLE BLOOD & PACKED RED	1,255				
49	RESPIRATORY THERAPY	86,762				
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	380,113				
54	ELECTROENCEPHALOGRAPHY	2,374				
55	MEDICAL SUPPLIES CHARGED	628,795				
56	DRUGS CHARGED TO PATIENTS	184,363				
59						
	01 ENDOSCOPY	224,019				
	02 LABORATORY-PATHOLOGICAL	2,751				
	03 PULMONARY FUNCTION TESTIN					
	04 ULTRA SOUND	70,979				
	05 MAGNETIC RESONANCE IMAGIN	83,410				
59	06 RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	143,522				
61	EMERGENCY	420,115				
62	OBSERVATION BEDS (NON-DIS	35,440				
101	OTHER REIMBURS COST CNTRS	4 277 700				
101	TOTAL	4,277,708				

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

HOSPITAL

IN LIEU OF FORM CMS-2552-96(05/2004)

O: I PERIOD: I PREPARED 6/27/2009

I FROM 1/ 1/2008 I WORKSHEET D

NO: I TO 12/31/2008 I PART V

I I PROVIDER NO: 14-0075 COMPONENT NO:

TITLE XVIII, PART B

104

NET CHARGES

14-0075

Ι

	12122 ///222, 1/11/1 5	•••	00. 1.7.12				
			Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
	Cost Center Description	on	1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CN	ITRS					
37			.739536	.739536			
38	RECOVERY ROOM		1.605675	1.605675			
39	DELIVERY ROOM & LABOR	ROOM	.918140	.918140			
40	ANESTHESIOLOGY		.282485	.282485			
41	RADIOLOGY-DIAGNOSTIC		.705200	.705200			
43	RADIOISOTOPE		.640782	. 640782			
44	LABORATORY		.154725	.154725			
46	WHOLE BLOOD & PACKED F	RED BLOOD CELLS	.384613	.384613			
49	RESPIRATORY THERAPY		.248923	.248923			
50			.993154	.993154			
51			.841451	.841451			
52			2.635374	2.635374			
53			.332831	.332831			
54			6.635520	6.635520			
55		GED TO PATIENTS		.197671			
56	DRUGS CHARGED TO PATIE	ENTS	.340182	.340182			
59							
59	01 ENDOSCOPY		.732791	.732791			
59			1.119060	1.119060			
59	03 PULMONARY FUNCTION TES	STING	.638122	.638122			
59			. 317319	.317319			
59		AGING (MRI)					
59			.401401	.401401			
	OUTPAT SERVICE COST CN	NTRS					
60			5.245419				
61			. 357239				
62		-DISTINCT PART)	.471422	.471422			
101							
102							
103		/CS-					
	PROGRAM ONLY CHARGES						
101							

⁽A) WORKSHEET A LINE NUMBERS

⁽¹⁾ REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

IN LIEU OF FORM CMS-2552-96(05/2004) CONTD

O: I PERIOD: I PREPARED 6/27/2009

I FROM 1/ 1/2008 I WORKSHEET D

NO: I TO 12/31/2008 I PART V

I I Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL PROVIDER NO: 14-0075 COMPONENT NO: APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS Ι 14-0075

	TITLE XVIII, PART B	HOSPITAL	1 14-00/3	1	1	
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	Cost Center Description	5	5.01	5.02	5.03	6
(A) 37 38 39 40 41 43 44 46 49 50 51	ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOISOTOPE LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY		690,962 112,084 406 295,183 739,616 81,162 94,397 1,255 86,762			
53	SPEECH PATHOLOGY ELECTROCARDIOLOGY		380,113			
54 55	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS		2,374 628,795			
56 59	DRUGS CHARGED TO PATIENTS		184,363			
59	01 ENDOSCOPY		224,019			
59 59	02 LABORATORY-PATHOLOGICAL 03 PULMONARY FUNCTION TESTING		2,751			
59	04 ULTRA SOUND		70,979			
59 59	05 MAGNETIC RESONANCE IMAGING (MRI) 06 RENAL DIALYSIS OUTPAT SERVICE COST CNTRS		83,410			
60 61 62 101 102 103	CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) SUBTOTAL CRNA CHARGES LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES		143,522 420,115 35,440 4,277,708			
104	NET CHARGES		4,277,708			

Ι

14-0075

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

14-0075 COMPONENT NO:

TITLE XVIII, PART B HOSPITAL

Outpatient	Other	All Other	PPS Services	Non-PPS

		Outpatient Radialogy	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	Cost Center Description	7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				510,991	
38	RECOVERY ROOM				179,970	
39	DELIVERY ROOM & LABOR ROOM				373	
40 41	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC				83,385 521,577	
43	RADIOLOGY-DIAGNOSTIC RADIOISOTOPE				52,007	
44	LABORATORY				14,606	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				483	
49	RESPIRATORY THERAPY				21,597	
50	PHYSICAL THERAPY				,	
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				126,513	
54	ELECTROENCEPHALOGRAPHY				15,753	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				124,295	
56	DRUGS CHARGED TO PATIENTS				62,717	
59	01 FNDOCCODY				164 150	
59 59	01 ENDOSCOPY				164,159 3,079	
59 59	02 LABORATORY-PATHOLOGICAL 03 PULMONARY FUNCTION TESTING				3,079	
59	04 ULTRA SOUND				22,523	
59	05 MAGNETIC RESONANCE IMAGING (MRI)				21,059	
59	06 RENAL DIALYSIS				21,033	
	OUTPAT SERVICE COST CNTRS					
60	CLINIC				752,833	
61	EMERGENCY				150,081	
62	OBSERVATION BEDS (NON-DISTINCT PART)				16,707	
101	SUBTOTAL				2,844,708	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
104	PROGRAM ONLY CHARGES				2 844 708	
104	NET CHARGES				2,844,708	

FOR MICHAEL REESE HOSPITAL Health Financial Systems MCRIF32 PROVIDER NO: APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS 14-0075 Ι COMPONENT NO: 14-0075

PPS Services Hospital I/P Hospital I/P 1/1 to FYE Part B Charges Part B Costs

9.03 Cost Center Description 10 11

HOSPITAL

(A) 37 ANCILLARY SRVC COST CNTRS

TITLE XVIII, PART B

OPERATING ROOM

38 39 RECOVERY ROOM
DELIVERY ROOM & LABOR ROOM

40 41 ANESTHESIOLOGY

RADIOLOGY-DIAGNOSTIC

43 RADIOISOTOPE

44 LABORATORY

46 WHOLE BLOOD & PACKED RED BLOOD CELLS

49 RESPIRATORY THERAPY 50

PHYSICAL THERAPY OCCUPATIONAL THERAPY

51 52 53 54 SPEECH PATHOLOGY

ELECTROCARDIOLOGY **ELECTROENCEPHALOGRAPHY**

55 MEDICAL SUPPLIES CHARGED TO PATIENTS 56

DRUGS CHARGED TO PATIENTS

59

01 ENDOSCOPY

59 02 LABORATORY-PATHOLOGICAL

59 03 PULMONARY FUNCTION TESTING

59 04 ULTRA SOUND

59 05 MAGNETIC RESONANCE IMAGING (MRI)

59 06 RENAL DIALYSIS

OUTPAT SERVICE COST CNTRS

60 CLINIC **EMERGENCY**

61 62

OBSERVATION BEDS (NON-DISTINCT PART)

101 **SUBTOTAL**

102 CRNA CHARGES

103 LESS PBP CLINIC LAB SVCS-

PROGRAM ONLY CHARGES

104 NET CHARGES

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST I 14-0075 I FROM 1/1/2008 I WORKSHEET D

COMPONENT NO: I TO 12/31/2008 I PART VI

I 14-0075 I TO 12/31/2008 I PART VI

I 14-0075 I TO 12/31/2008 I PART VI

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES

PROGRAM VACCINE CHARGES
PROGRAM COSTS

1
.340182
222
76

SUBPROVIDER 1

TITLE XVIII, PART A

IN LIEU OF FORM CMS-2552-96(09/1996)
D: I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET D
NO: I TO 12/31/2008 I PART II
I I PROVIDER NO: 14-0075 COMPONENT NO: I I I APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS 14-S075

WKST /	Δ	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPI	ΤΔΙ
LINE		COST CENTER DESCRIPTION	RELATED COST	RELATED COST	CHARGES		ST/CHRG RATIO	COSTS
			1	2	3	4	5	6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		241,656	2,992,934			
38		RECOVERY ROOM		104,138	457,090			
39		DELIVERY ROOM & LABOR ROO		240,657	3,551,070			
40		ANESTHESIOLOGY		22,705	2,167,072			
41		RADIOLOGY-DIAGNOSTIC		547,491	6,205,328			
43		RADIOISOTOPE		56,774	710,636			
44		LABORATORY		229,057	14,982,248	200,130		
46		WHOLE BLOOD & PACKED RED		51,710	1,894,008			
49		RESPIRATORY THERAPY		23,274	2,991,705	6,402		
50		PHYSICAL THERAPY		60,533	529,098			
51		OCCUPATIONAL THERAPY		41,626	442,595			
52		SPEECH PATHOLOGY		68,585	122,402			
53		ELECTROCARDIOLOGY		129,050 91,839 39,078	3,402,316	7,998		
54		ELECTROENCEPHALOGRAPHY		91,839	59,375			
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS		89,822	8,141,276	258,787		
59								
59		ENDOSCOPY		70,726	1,003,563			
59	02	LABORATORY-PATHOLOGICAL		193,761	1,180,140			
59		PULMONARY FUNCTION TESTIN		29,391	298,800			
59		ULTRA SOUND		23,754	1,347,640			
59		MAGNETIC RESONANCE IMAGIN		18,097	789,686			
59	06	RENAL DIALYSIS		1,742	230,363			
		OUTPAT SERVICE COST CNTRS						
60		CLINIC		463,746	700,120			
61		EMERGENCY		72,688	8,004,934	151,307		
62		OBSERVATION BEDS (NON-DIS		20,948	416,147			
		OTHER REIMBURS COST CNTRS						
101		TOTAL		2,932,848	67,533,008	634,921		

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
14-0075 I FROM 1/ 1/2008 I WORKSHEET D
COMPONENT NO: I TO 12/31/2008 I PART II
14-S075 I I I I I APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS TITLE XVIII, PART A SUBPROVIDER 1

WKST	Α	COST CENTER DESCRIPTION	NEW CAPITAL	_
LINE	NO.		CST/CHRG RATIO	COSTS
			7	8
		ANCILLARY SRVC COST CNTR		
37		OPERATING ROOM	.080742	66
38		RECOVERY ROOM	.227828	
39		DELIVERY ROOM & LABOR ROO	.067770	
40		ANESTHESIOLOGY	.010477	
41		ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	.088229	664
43		RADIOISOTOPE	.079892	
44		LABORATORY	.015289	3,060
46		WHOLE BLOOD & PACKED RED	.027302	
49		RESPIRATORY THERAPY	.007780	50
50		PHYSICAL THERAPY	.114408	31
51		RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY	.094050	14
52		SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	.560326	
53		ELECTROCARDIOLOGY	.037930	303
54		ELECTROENCEPHALOGRAPHY	1.546762	
55		MEDICAL SUPPLIES CHARGED	.007955	12
56		DRUGS CHARGED TO PATIENTS	.011033	2,855
59				
59	01	ENDOSCOPY	.070475	
59	02	LABORATORY-PATHOLOGICAL	.164185	
59	03	PULMONARY FUNCTION TESTIN	N .098363	
59	04	ULTRA SOUND	.017626	
59	05	MAGNETIC RESONANCE IMAGIN	N .022917	
59	06	RENAL DIALYSIS	.007562	
		OUTPAT SERVICE COST CNTRS	5	
60		CLINIC	.662381	
61		EMERGENCY	.009080	1,374
62		OBSERVATION BEDS (NON-DIS	.050338	•
		OTHER REIMBURS COST CNTRS	5	
101		TOTAL		8,429

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE

OTHER PASS THROUGH COSTS

TITLE XVIII, PART A

SUBPROVIDER 1

IN LIEU OF FORM CMS-2552-96(04/2005)

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D

I COMPONENT NO: I TO 12/31/2008 I PART IV

I 14-S075 I FROM 1/ 1/2008 I PART IV

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I 14-S075 I FROM 1/ 1/2008 I PART IV

I 14-S075 I FROM 1/ 1/2008 I PART IV

I 14-S075 I FROM 1/ 1/2008 I PART I

				I 1	4-s075	I , , ,	I
	TITLE XVIII, PART A	SUBPROVII	DER 1		PPS		
		NONPHYSICIAN					BLOOD CLOT FOR
LINE N	0.	ANESTHETIST			HEALTH COST		HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59							
	01 ENDOSCOPY						
	02 LABORATORY-PATHOLOGICAL						
	03 PULMONARY FUNCTION TESTIN						
	04 ULTRA SOUND						
	05 MAGNETIC RESONANCE IMAGIN						
59	06 RENAL DIALYSIS						

OUTPAT SERVICE COST CNTRS

EMERGENCY
OBSERVATION BEDS (NON-DIS
OTHER REIMBURS COST CNTRS

60

61 62 101 CLINIC

TOTAL

FOR MICHAEL REESE HOSPITAL

101

TOTAL

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
14-0075 I FROM 1/ 1/2008 I WORKSHEET D
COMPONENT NO: I TO 12/31/2008 I PART IV
14-S075 I I Health Financial Systems MCRIF32 FOR MIC APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS I I I TITLE XVIII, PART A SUBPROVIDER 1

	,					
WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST O/P RATIO OF TO CHARGES CST TO CHARGES 5 5.01	INPAT PROG INPAT PROG CHARGE PASS THRU COST 6 7
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM			2,992,934		816
38	RECOVERY ROOM			457,090		
39	DELIVERY ROOM & LABOR ROO			3,551,070		
40	ANESTHESIOLOGY			2,167,072		
41	RADIOLOGY-DIAGNOSTIC			6,205,328		7,522
43	RADIOISOTOPE			710,636		
44	LABORATORY			14,982,248		200,130
46	WHOLE BLOOD & PACKED RED			1,894,008		
49	RESPIRATORY THERAPY			2,991,705		6,402
50	PHYSICAL THERAPY			529,098		272
51	OCCUPATIONAL THERAPY			442,595		146
52	SPEECH PATHOLOGY			122,402		
53	ELECTROCARDIOLOGY			3,402,316		7,998
54	ELECTROENCEPHALOGRAPHY			59,375		
55	MEDICAL SUPPLIES CHARGED			4,912,462		1,541
56	DRUGS CHARGED TO PATIENTS			8,141,276		258,787
59						
	ENDOSCOPY			1,003,563		
	LABORATORY-PATHOLOGICAL			1,180,140		
	PULMONARY FUNCTION TESTIN			298,800		
	ULTRA SOUND			1,347,640		
	MAGNETIC RESONANCE IMAGIN			789,686		
59 06	RENAL DIALYSIS			230,363		
	OUTPAT SERVICE COST CNTRS			700 400		
60	CLINIC			700,120		151 207
61	EMERGENCY			8,004,934		151,307
62	OBSERVATION BEDS (NON-DIS			416,147		
101	OTHER REIMBURS COST CNTRS			67 533 000		624 621

67,533,008

634,921

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D
I COMPONENT NO: I TO 12/31/2008 I PART IV
I 14-S075 I FROM CMS-2552-96(04/2005) CONTD
I 14-0075 I FROM 1/ 1/2008 I PART IV
I 14-S075 I FROM CMS-2552-96(04/2005) CONTD
I 14-S075 I FROM 1/ 1/2008 I PART IV
I 14-S075 I FROM CMS-2552-96(04/2005) CONTD
I 14-S075 I FROM 1/ 1/2008 I PART IV
I 14-S075 I FROM CMS-2552-96(04/2005) CONTD
I 14-S075 I FROM 1/ 1/2008 I PART IV
I 14-S075 I FROM CMS-2552-96(04/2005) CONTD
I 14-S075 I FROM 1/ 1/2008 I PART IV
I 14-S075 I FROM CMS-2552-96(04/2005) CONTD
I 14-S075 I FROM 1/ 1/2008 I PART IV
I 14-S075 I FROM CMS-2552-96(04/2005) CONTD

	TITLE XVIII, PART A	SUBP	ROVIDER 1	PPS		
WKST A LINE NO		OUTPAT PROG CHARGES 8		OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	408				
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	405				
43	RADIOISOTOPE					
44	LABORATORY					
46	WHOLE BLOOD & PACKED RED					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	2 224				
53	ELECTROCARDIOLOGY	2,064				
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	40				
56	DRUGS CHARGED TO PATIENTS					
59						
	1 ENDOSCOPY					
	2 LABORATORY-PATHOLOGICAL					
	3 PULMONARY FUNCTION TESTIN					
	4 ULTRA SOUND					
	5 MAGNETIC RESONANCE IMAGIN					
59 0	6 RENAL DIALYSIS					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
101	OTHER REIMBURS COST CNTRS	2 017				

2,917

101

TOTAL

Ι

14-S075

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

IN LIEU OF FORM CMS-2552-96(05/2004)

O: I PERIOD: I PREPARED 6/27/2009

I FROM 1/ 1/2008 I WORKSHEET D

NO: I TO 12/31/2008 I PART V

I I PROVIDER NO: 14-0075 COMPONENT NO:

TITLE XVIII, PART B

104

NET CHARGES

SUBPROVIDER 1

	12122 ///222, 1/1111 5	505. NO 1252.N 2				
		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
	Cost Center Description	1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.739536	.739536			
38	RECOVERY ROOM	1.605675	1.605675			
39	DELIVERY ROOM & LABOR ROOM	.918140	.918140			
40	ANESTHESIOLOGY	.282485	.282485			
41	RADIOLOGY-DIAGNOSTIC	.705200	.705200			
43	RADIOISOTOPE	.640782	.640782			
44	LABORATORY	.154725	.154725			
46	WHOLE BLOOD & PACKED RED BLOOD CEL		.384613			
49	RESPIRATORY THERAPY	.248923	.248923			
50		.993154	.993154			
51		.841451				
52		2.635374	2.635374			
53		.332831				
54		6.635520	6.635520			
55			.197671			
56		.340182	.340182			
59						
59	01 ENDOSCOPY	.732791	.732791			
59	02 LABORATORY-PATHOLOGICAL	1.119060	1.119060			
59	03 PULMONARY FUNCTION TESTING	.638122	.638122			
59		.317319	.317319			
59	05 MAGNETIC RESONANCE IMAGING (MRI)	.252479	.252479			
59	06 RENAL DIALYSIS	.401401	.401401			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	5.245419	5.245419			
61	EMERGENCY	.357239	.357239			
62	OBSERVATION BEDS (NON-DISTINCT PAR	rT) .471422	.471422			
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
101						

⁽A) WORKSHEET A LINE NUMBERS

⁽¹⁾ REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

Heal ⁻		PORTIONMENT OF MEDICAL, OTHER HEALTH	OR MICHAEL REESE HOSF SERVICES & VACCINE CO SUBPROVIDER 1	I	14-0075 COMPONENT	NO: I PERIO	FORM CMS-2552-96 DD: I 1/ 1/2008 I 12/31/2008 I	(05/2004) CONTD PREPARED 6/27/2009 WORKSHEET D PART V
		THE ATTI, TAKE	All Other (1)	PPS Se FYB to		Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
		Cost Center Description	5		5.01	5.02	5.03	6
(A) 37 38 39		ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM			408			
40 41 43 44 46 49 50 51		ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOISOTOPE LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY			405			
52 53 54		SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY			2,064			
55 56 59		MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS			40			
59 59 59 59 59 59	02 03 04 05	ENDOSCOPY LABORATORY-PATHOLOGICAL PULMONARY FUNCTION TESTING ULTRA SOUND MAGNETIC RESONANCE IMAGING (MRI) RENAL DIALYSIS OUTPAT SERVICE COST CNTRS						
60 61 62 101 102 103		CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) SUBTOTAL CRNA CHARGES LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			2,917			
104		NET CHARGES			2,917			

⁽A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

IN LIEU OF FORM CMS-2552-96(05/2004) CONTD
D: I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET D FOR MICHAEL REESE HOSPITAL Health Financial Systems MCRIF32 PROVIDER NO: APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS 14-0075 Ι I TO COMPONENT NO: 12/31/2008 I PART V 14-s075 SUBPROVIDER 1 TITLE XVIII, PART B Outpatient Other All Other PPS Services Non-PPS Radialogy Outpatient FYB to 12/31 Services Diagnostic 9.01 9.02 Cost Center Description 7 8 9 (A) 37 ANCILLARY SRVC COST CNTRS OPERATING ROOM 302 38 39 RECOVERY ROOM
DELIVERY ROOM & LABOR ROOM 40 41 ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC 286 43 RADIOISOTOPE 44 LABORATORY 46 WHOLE BLOOD & PACKED RED BLOOD CELLS 49 RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY 50 51 52 53 54 SPEECH PATHOLOGY 687 ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY 55 MEDICAL SUPPLIES CHARGED TO PATIENTS 8 56 DRUGS CHARGED TO PATIENTS 59 59 01 ENDOSCOPY 59 02 LABORATORY-PATHOLOGICAL 59 03 PULMONARY FUNCTION TESTING 59 04 ULTRA SOUND 59 05 MAGNETIC RESONANCE IMAGING (MRI) 59 06 RENAL DIALYSIS OUTPAT SERVICE COST CNTRS 60 CLINIC 61 62 **EMERGENCY**

1,283

1,283

OBSERVATION BEDS (NON-DISTINCT PART)

LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES

101

102

103

104

SUBTOTAL

CRNA CHARGES

NET CHARGES

FOR MICHAEL REESE HOSPITAL Health Financial Systems MCRIF32 PROVIDER NO: APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS 14-0075 Ι COMPONENT NO: 14-s075 Ι SUBPROVIDER 1 TITLE XVIII, PART B PPS Services Hospital I/P Hospital I/P 1/1 to FYE Part B Charges Part B Costs 9.03 Cost Center Description 10 11 (A) 37 ANCILLARY SRVC COST CNTRS OPERATING ROOM 38 39 RECOVERY ROOM
DELIVERY ROOM & LABOR ROOM 40 41 ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC 43 RADIOISOTOPE 44 LABORATORY 46 WHOLE BLOOD & PACKED RED BLOOD CELLS 49 RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY 50 51 52 53 54

59

55

56

01 ENDOSCOPY

59 02 LABORATORY-PATHOLOGICAL

SPEECH PATHOLOGY ELECTROCARDIOLOGY **ELECTROENCEPHALOGRAPHY**

59 03 PULMONARY FUNCTION TESTING

59 04 ULTRA SOUND

59 05 MAGNETIC RESONANCE IMAGING (MRI)

DRUGS CHARGED TO PATIENTS

MEDICAL SUPPLIES CHARGED TO PATIENTS

59 06 RENAL DIALYSIS

OUTPAT SERVICE COST CNTRS

60 CLINIC **EMERGENCY**

61 62

OBSERVATION BEDS (NON-DISTINCT PART)

101 **SUBTOTAL**

102 CRNA CHARGES

103 LESS PBP CLINIC LAB SVCS-

PROGRAM ONLY CHARGES

104 NET CHARGES

IN LIEU OF FORM CMS-2552-96(09/1996)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET D

COMPONENT NO: I TO 12/31/2008 I PART II

14-T075 I I I I I APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS TITLE XVIII, PART A SUBPROVIDER 2

WKST	Α	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM		TAL
LINE	NO.		RELATED COST		CHARGES	CHARGES	CST/CHRG RATIO	COSTS
			1	2	3	4	5	6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		241,656	2,992,934	7,120)	
38		RECOVERY ROOM		104,138	457,090		5	
39		DELIVERY ROOM & LABOR ROO		240,657	3,551,070			
40		ANESTHESIOLOGY		22,705	2,167,072	1,094	1	
41		RADIOLOGY-DIAGNOSTIC		547,491	6,205,328	13,933	3	
43		RADIOISOTOPE		56,774	710,636			
44		LABORATORY		229,057	14,982,248	48,106	5	
46		WHOLE BLOOD & PACKED RED		51,710	1,894,008			
49		RESPIRATORY THERAPY		23,274	2,991,705	39,850)	
50		PHYSICAL THERAPY		60,533	529,098		L	
51		OCCUPATIONAL THERAPY		41 626	442,595	189,035	5	
52		SPEECH PATHOLOGY		68,585	122,402 3,402,316	31,389	9	
53		ELECTROCARDIOLOGY		129,050	3,402,316	516	5	
54		ELECTROENCEPHALOGRAPHY		91,839	59,375			
55		MEDICAL SUPPLIES CHARGED		91,839 39,078	4,912,462		1	
56		DRUGS CHARGED TO PATIENTS		89,822	8,141,276	190,725		
59				,	, ,	•		
59	01	ENDOSCOPY		70,726	1,003,563			
59	02	LABORATORY-PATHOLOGICAL		193.761	1.180.140			
59	03	PULMONARY FUNCTION TESTIN		29,391	298,800 1,347,640			
59	04	ULTRA SOUND		23,754	1,347,640	671	L	
59	05	MAGNETIC RESONANCE IMAGIN		18.097	789,686			
59		RENAL DIALYSIS		1,742	230,363	9,373	3	
		OUTPAT SERVICE COST CNTRS		,	,	-,		
60		CLINIC		463,746	700,120			
61		EMERGENCY		72,688		1,329)	
62		OBSERVATION BEDS (NON-DIS		20,948	416,147	_,		
-		OTHER REIMBURS COST CNTRS		20,5.0	.20,2			
101				2 022 040	67 533 000	710 473		

2,932,848

67,533,008

718,472

101

TOTAL

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 2

WKST LINE		COST CENTER DESCRIPTION	NEW CAPITAI	COSTS
			7	8
37		ANCILLARY SRVC COST CNTRS		F 7 F
		OPERATING ROOM	.080742	575
38 39		RECOVERY ROOM	.227828	143
		DELIVERY ROOM & LABOR ROO	010477	11
40		ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC	.010477	
41 43		RADIOLOGY-DIAGNOSTIC	.088229 .079892	1,229
43		RADIOISOTOPE		725
44		LABORATORY WHOLE BLOOD & PACKED RED	.015289 .027302	735
49		WHOLE BLOOD & PACKED KED	.027302	310
50		RESPIRATORY THERAPY PHYSICAL THERAPY	.114408	17,021
51		OCCUPATIONAL THERAPY	.094050	17,021
52		SPEECH PATHOLOGY	.094030	17,779
53		ELECTROCARDIOLOGY	.560326 .037930	20
54		ELECTROCARDIOLOGY	1 546762	20
55		MEDICAL SUPPLIES CHARGED	007055	286
56		DRUGS CHARGED TO PATIENTS		2,104
59		DRUGS CHARGED TO PATTENTS	.011033	2,104
59	01	ENDOSCOPY	.070475	
59		LABORATORY-PATHOLOGICAL		
59		PULMONARY FUNCTION TESTIN		
59		ULTRA SOUND	.017626	12
59		MAGNETIC RESONANCE IMAGIN		12
59		RENAL DIALYSIS	.007562	71
39	00	OUTPAT SERVICE COST CNTRS		71
60		CLINIC	.662381	
61		EMERGENCY	.009080	12
62		OBSERVATION BEDS (NON-DIS		12
02		OTHER REIMBURS COST CNTRS		
101		TOTAL	•	57,896
TOT		IVIAL		57,050

Health Financial Systems MCRIF32 FOR MIC APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS FOR MICHAEL REESE HOSPITAL PROVIDER NO: 14-0075 Ι I COMPONENT NO:

				I 1	4-T075	I	I
	TITLE XVIII, PART A	SUBPROV	IDER 2		PPS		
WKST A LINE NO		NONPHYSICIAN ANESTHETIST	1 01	SCHOOL COST	HEALTH COST	OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	1 ==========						
	L ENDOSCOPY						
	2 LABORATORY-PATHOLOGICAL						
	3 PULMONARY FUNCTION TESTIN						
	4 ULTRA SOUND						
	MAGNETIC RESONANCE IMAGIN						
59 00	RENAL DIALYSIS						

60

61 62 101 CLINIC

TOTAL

OUTPAT SERVICE COST CNTRS

EMERGENCY
OBSERVATION BEDS (NON-DIS
OTHER REIMBURS COST CNTRS

Health Financial Systems MCRIF32 FOR MIC APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS FOR MICHAEL REESE HOSPITAL

IN LIEU OF FORM CMS-2552-96(04/2005) CONTD
PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
14-0075 I FROM 1/ 1/2008 I WORKSHEET D
COMPONENT NO: I TO 12/31/2008 I PART IV
14-T075 I I I I I

TITLE XVIII, PART A SUBPROVIDER 2

WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST O/P RATIO OF TO CHARGES CST TO CHARGES	INPAT PROG INPAT PROG CHARGE PASS THRU COST
LINE NO	·•	3	3.01	4	5 5.01	6 7
	ANCILLARY SRVC COST CNTRS	•	3.02	•	3.01	
37	OPERATING ROOM			2,992,934		7,120
38	RECOVERY ROOM			457,090		626
39	DELIVERY ROOM & LABOR ROO			3,551,070		
40	ANESTHESIOLOGY			2,167,072		1.094
41	RADIOLOGY-DIAGNOSTIC			6,205,328		13,933
43	RADIOISOTOPE			710,636		,,,,,,
44	LABORATORY			14,982,248		48,106
46	WHOLE BLOOD & PACKED RED			1,894,008		•
49	RESPIRATORY THERAPY			2,991,705		39,850
50	PHYSICAL THERAPY			529,098		148,771
51	OCCUPATIONAL THERAPY			442,595		189,035
52	SPEECH PATHOLOGY			122,402		31,389
53	ELECTROCARDIOLOGY			3,402,316		516
54	ELECTROENCEPHALOGRAPHY			59,375		
55	MEDICAL SUPPLIES CHARGED			4,912,462		35,934
56	DRUGS CHARGED TO PATIENTS			8,141,276		190,725
59						
	1 ENDOSCOPY			1,003,563		
	2 LABORATORY-PATHOLOGICAL			1,180,140		
	3 PULMONARY FUNCTION TESTIN			298,800		
	4 ULTRA SOUND			1,347,640		671
	5 MAGNETIC RESONANCE IMAGIN			789,686		
59 C	6 RENAL DIALYSIS			230,363		9,373
	OUTPAT SERVICE COST CNTRS			700 400		
60	CLINIC			700,120		4 220
61	EMERGENCY			8,004,934		1,329
62	OBSERVATION BEDS (NON-DIS			416,147		
101	OTHER REIMBURS COST CNTRS			67 533 666		710 472
101	TOTAL			67,533,008		718,472

API	Financial Systems PORTIONMENT OF INPATIE HER PASS THROUGH COSTS	NT ANCILLARY SERV	MICHAEL REESE ICE	I I I	PROVIDER 14-0075	NO:	I PERIC	FORM CMS-25 DD: 1/ 1/2008 12/31/2008	I P	04/2005) CONT REPARED 6/27 WORKSHEET D PART IV	
	TITLE XVIII, PART A	SU	BPROVIDER 2	-	11 1075	PPS	-		-		
WKST A	COST CENTER DESCRIPTI		OUTPAT PROG				COL 8		OL 8.0		

		,					0 01	0 00
WKSI .		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES			OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
LINE			8	8.01	8.02	9	9.01	9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	845					
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	2.42					
41 43		RADIOLOGY-DIAGNOSTIC	243					
43 44		RADIOISOTOPE LABORATORY						
46		WHOLE BLOOD & PACKED RED						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED	580					
56		DRUGS CHARGED TO PATIENTS						
59								
59		ENDOSCOPY						
59		LABORATORY-PATHOLOGICAL						
59 59		PULMONARY FUNCTION TESTIN						
59 59		ULTRA SOUND MAGNETIC RESONANCE IMAGIN						
59		RENAL DIALYSIS						
33	00	OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL	1,668					

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14-T075

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0075 COMPONENT NO:

TITLE XVIII, PART B SUBPROVIDER 2

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
	Cost Center Description	1	1.02	2	3	4
(A) 37 38 39 40 41 43 44 46 49 50 51 52 53 54 55 56	ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOISOTOPE LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	.739536 1.605675 .918140 .282485 .705200 .640782 .154725 .384613 .248923 .993154 .841451 2.635374 .332831 6.635520 .197671 .340182	.739536 1.605675 .918140 .282485 .705200 .640782 .154725 .384613 .248923 .993154 .841451 2.635374 .332831 6.635520 .197671 .340182			
59 (59 (59 (59 (D1 ENDOSCOPY D2 LABORATORY-PATHOLOGICAL D3 PULMONARY FUNCTION TESTING D4 ULTRA SOUND D5 MAGNETIC RESONANCE IMAGING (MRI) D6 RENAL DIALYSIS OUTPAT SERVICE COST CNTRS CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART) SUBTOTAL CRNA CHARGES LESS PBP CLINIC LAB SVCS-	.732791 1.119060 .638122 .317319 .252479 .401401 5.245419 .357239 .471422	.732791 1.119060 .638122 .317319 .252479 .401401 5.245419 .357239 .471422			

PROGRAM ONLY CHARGES

NET CHARGES

104

⁽A) WORKSHEET A LINE NUMBERS

⁽¹⁾ REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

	n Financial Systems MCRIF32 APPORTIONMENT OF MEDICAL, OTHER HEALT TITLE XVIII, PART B	FOR MICHAEL REESE HOSPITA H SERVICES & VACCINE COSTS SUBPROVIDER 2	I PROVIDER	NO: I PERIO	FORM CMS-2552-96 OD: I 1/ 1/2008 I 12/31/2008 I	(05/2004) CONTD PREPARED 6/27/2009 WORKSHEET D PART V
			Services to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	Cost Center Description	5	5.01	5.02	5.03	6
(A) 37 38 39	ANCILLARY SRVC COST CNTRS OPERATING ROOM RECOVERY ROOM DELIVERY ROOM & LABOR ROOM		845			
40 41 43 44 46 49 50	ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC RADIOISOTOPE LABORATORY WHOLE BLOOD & PACKED RED BLOOD CEL RESPIRATORY THERAPY PHYSICAL THERAPY	LS	243			
51 52 53 54 55 56 59	OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIEN DRUGS CHARGED TO PATIENTS	TS	580			
59 (59 (59 (59 (01 ENDOSCOPY 02 LABORATORY-PATHOLOGICAL 03 PULMONARY FUNCTION TESTING 04 ULTRA SOUND 05 MAGNETIC RESONANCE IMAGING (MRI) 06 RENAL DIALYSIS 00TPAT SERVICE COST CNTRS					
60 61 62 101 102 103	CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PAR SUBTOTAL CRNA CHARGES LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES	т)	1,668			
104	NET CHARGES		1,668			

⁽A) WORKSHEET A LINE NUMBERS
(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

IN LIEU OF FORM CMS-2552-96(05/2004) CONTD
D: I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET D FOR MICHAEL REESE HOSPITAL Health Financial Systems MCRIF32 PROVIDER NO: APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS 14-0075 Ι I TO COMPONENT NO: 12/31/2008 I PART V 14-T075 SUBPROVIDER 2 TITLE XVIII, PART B Outpatient Other All Other PPS Services Non-PPS Radialogy Outpatient FYB to 12/31 Services Diagnostic 9.01 9.02 Cost Center Description 7 8 9 (A) 37 ANCILLARY SRVC COST CNTRS OPERATING ROOM 625 38 39 RECOVERY ROOM
DELIVERY ROOM & LABOR ROOM 40 41 ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC 171 43 RADIOISOTOPE 44 LABORATORY 46 WHOLE BLOOD & PACKED RED BLOOD CELLS 49 RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY 50 51 52 53 54 SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY 55 115 MEDICAL SUPPLIES CHARGED TO PATIENTS 56 DRUGS CHARGED TO PATIENTS 59 59 01 ENDOSCOPY 59 02 LABORATORY-PATHOLOGICAL

911

911

59

59

59

59

60

61 62

101

102

103

104

03 PULMONARY FUNCTION TESTING

OUTPAT SERVICE COST CNTRS

LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES

05 MAGNETIC RESONANCE IMAGING (MRI)

OBSERVATION BEDS (NON-DISTINCT PART)

04 ULTRA SOUND

CLINIC

EMERGENCY

SUBTOTAL

CRNA CHARGES

NET CHARGES

06 RENAL DIALYSIS

FOR MICHAEL REESE HOSPITAL Health Financial Systems MCRIF32 PROVIDER NO: APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS 14-0075 Ι COMPONENT NO: 14-T075 Ι SUBPROVIDER 2 TITLE XVIII, PART B PPS Services Hospital I/P Hospital I/P 1/1 to FYE Part B Charges Part B Costs 9.03 Cost Center Description 10 11 (A) 37 ANCILLARY SRVC COST CNTRS OPERATING ROOM 38 39 RECOVERY ROOM
DELIVERY ROOM & LABOR ROOM 40 41 ANESTHESIOLOGY RADIOLOGY-DIAGNOSTIC 43 RADIOISOTOPE 44 LABORATORY 46 WHOLE BLOOD & PACKED RED BLOOD CELLS

59 01 ENDOSCOPY

49

55

56

59 02 LABORATORY-PATHOLOGICAL

59 03 PULMONARY FUNCTION TESTING

RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY

SPEECH PATHOLOGY ELECTROCARDIOLOGY **ELECTROENCEPHALOGRAPHY**

59 04 ULTRA SOUND

59 05 MAGNETIC RESONANCE IMAGING (MRI)

DRUGS CHARGED TO PATIENTS

MEDICAL SUPPLIES CHARGED TO PATIENTS

59 06 RENAL DIALYSIS

OUTPAT SERVICE COST CNTRS

60 CLINIC **EMERGENCY**

61 62 OBSERVATION BEDS (NON-DISTINCT PART)

101 **SUBTOTAL** 102

CRNA CHARGES

103 LESS PBP CLINIC LAB SVCS-

PROGRAM ONLY CHARGES

104 NET CHARGES

PROVIDER NO: 14-0075 Т Ι

PPS

I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET D-1
I TO 12/31/2008 I PART I COMPONENT NO: 14-0075

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TITLE XVIII PART A HOSPITAL

PART I - ALL PROVIDER COMPONENTS

TND	ΔTT	FNT	DAVS

1 2	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,712 7,712
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,712
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	,
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	2,636
	(EVELUETING CHITING DED AND NEURODNI DAVIS)	-,

- 9 (EXCLUDING SWING-BED AND NEWBORN DAYS) 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING
- SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING 11 PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR
- 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING
- PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING 13 PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM 14 (EXCLUDING SWING-BED DAYS)
- TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) NURSERY DAYS (TITLE V OR XIX ONLY) 15
- 16

YEAR, ENTER 0 ON THIS LINE)

SWING-BED ADJUSTMENT

DECEMBER 31 OF THE COST REPORTING PERIOD 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
DECEMBER 31 OF THE COST REPORTING PERIOD 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST 36,5	
DECEMBER 31 OF THE COST REPORTING PERIOD 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST 6,5	
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST 6,5 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
DECEMBER 31 OF THE COST REPORTING PERIOD 1 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST 2 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	578,004
REPORTING PERIOD	
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
REPORTING PERIOD	

- SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST 24 REPORTING PERIOD
- 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
- TOTAL SWING-BED COST (SEE INSTRUCTIONS) 26

COST DIFFERENTIAL

GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST 6,578,004

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28 29	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,386,117
30 31	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	6,386,117 1,030048
32 33	AVERAGE PRIVATE ROOM PER DIEM CHARGE AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	828.08
34 35	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	020.00
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	6,578,004

IN LIEU OF FORM CMS-2552-96(05/2004) CONTD Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

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COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET D-1
I TO 12/31/2008 I PART II 14-0075 COMPONENT NO: 14-0075

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TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38 39 40 41	ADJUSTED GENERAL INPATIENT ROUT: PROGRAM GENERAL INPATIENT ROUTI MEDICALLY NECESSARY PRIVATE ROOF TOTAL PROGRAM GENERAL INPATIENT	NE SERVICE COST 4 COST APPLICABLI	E TO THE PROGRAM	4		852.96 2,248,403 2,248,403
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	_	_	-	·	-
43 44	INTENSIVE CARE UNIT CORONARY CARE UNIT	4,799,809	956	5,020.72	265	1,330,491

45 BURN INTENSIVE CARE UNIT 46 SURGICAL INTENSIVE CARE UNIT

47 NEONATAL INTENSIVE CARE UNIT 2,295,677 759 3,024.61

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 4,515,241 49 TOTAL PROGRAM INPATIENT COSTS 8,094,135

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	349,988
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	385,250
52	TOTAL PROGRAM EXCLUDABLE COST	735,238
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN	7,358,897

ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

- 54 PROGRAM DISCHARGES
- 55 TARGET AMOUNT PER DISCHARGE
- 56 TARGET AMOUNT
- 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
- BONUS PAYMENT
- 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
- 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET **BASKET**
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
- 58.04 RELIEF PAYMENT
- ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
- 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

- 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
- (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

- 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
- REPORTING PERIOD (SEE INSTRUCTIONS)
 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST 61 REPORTING PERIOD (SEE INSTRUCTIONS)
- TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 62
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE 63 COST REPORTING PERIOD
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE 64 COST REPORTING PERIOD
- 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

Health Financial Systems FOR MICHAEL REESE HOSPITAL MCRIF32 PROVIDER NO: COMPUTATION OF INPATIENT OPERATING COST 14-0075 Ι

COMPONENT NO: Ι 14-0075

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

1 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST

67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM

PROGRAM ROUTINE SERVICE COST 68

69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM

TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS

CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS

PER DIEM CAPITAL-RELATED COSTS PROGRAM CAPITAL-RELATED COSTS

INPATIENT ROUTINE SERVICE COST

AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS

TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION INPATIENT ROUTINE SERVICE COST LIMITATION

77 78

REASONABLE INPATIENT ROUTINE SERVICE COSTS PROGRAM INPATIENT ANCILLARY SERVICES UTILIZATION REVIEW - PHYSICIAN COMPENSATION

80

81 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	230
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	852.96
85	OBSERVATION BED COST	196,181

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		6,578,004		196,181	
87	NEW CAPITAL-RELATED COST	702,407	6,578,004	.106781	196,181	20,948
88	NON PHYSICIAN ANESTHETIST		6,578,004		196,181	
89	MEDICAL EDUCATION		6,578,004		196,181	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

PPS

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

PROVIDER NO: 14-0075 COMPONENT NO: I

14-S075

SUBPROVIDER I

COST DIFFERENTIAL

PART I - ALL PROVIDER	COMPONENTS	
		1

INPATIENT DAYS

	INPATIENT DAYS	
1 2	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,872 11,872
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,872
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	1,194
•	(EXCLUDING SWING-BED AND NEWBORN DAYS)	2,23.
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
	(EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,634,396
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
23	REPORTING PERIOD SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
25	REPORTING PERIOD SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
23	REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7,634,396
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12,977,430
29 30	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,977,430
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.588283
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,093.11
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35 36	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	7,634,396
	COST DIFFERENTIAL	.,,

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD PROVIDER NO: I PREPARED 6/27/2009 I PERIOD: I I FROM 1/1/2008 I WORKSHEET D-1 COMPUTATION OF INPATIENT OPERATING COST 14-0075 Т 12/31/2008 COMPONENT NO: I TO Ι PART II

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14-S075

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TITLE XVIII PART A SUBPROVIDER I

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

	TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE (OST			767,814
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE	TO THE PROGR	AM		
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				767,814
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST F	PER DIEM			643.06

		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					

- 43 INTENSIVE CARE UNIT 44 CORONARY CARE UNIT
- BURN INTENSIVE CARE UNIT 45
- 46 SURGICAL INTENSIVE CARE UNIT
- NEONATAL INTENSIVE CARE UNIT

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	183,915
49	TOTAL PROGRAM INPATIENT COSTS	951,729

PASS THROUGH COST ADJUSTMENTS

	TASS THROUGH COST ABSOSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	14,913
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	8,429
52	TOTAL PROGRAM EXCLUDABLE COST	23,342
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN	928,387
	ANESTHETIST. AND MEDICAL EDUCATION COSTS	

TARGET AMOUNT AND LIMIT COMPUTATION

- 54 PROGRAM DISCHARGES
- 55 TARGET AMOUNT PER DISCHARGE
- 56 TARGET AMOUNT
- 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
- BONUS PAYMENT
- 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996. UPDATED AND COMPOUNDED BY THE MARKET BASKET
- 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET **BASKET**
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
- 58.04 RELIEF PAYMENT
- ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
- 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

- 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
- (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

- MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST 60
- REPORTING PERIOD (SEE INSTRUCTIONS)
 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST 61 REPORTING PERIOD (SEE INSTRUCTIONS)
- TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 62
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE 63 COST REPORTING PERIOD
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE 64 COST REPORTING PERIOD
- 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL PROVIDER NO: COMPUTATION OF INPATIENT OPERATING COST 14-0075 Ι COMPONENT NO: Ι 14-s075 TITLE XVIII PART A SUBPROVIDER I PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

1 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM ROUTINE SERVICE COST

69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM

TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS

CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS PER DIEM CAPITAL-RELATED COSTS

PROGRAM CAPITAL-RELATED COSTS

68

INPATIENT ROUTINE SERVICE COST

AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS

TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION INPATIENT ROUTINE SERVICE COST LIMITATION

78

79

REASONABLE INPATIENT ROUTINE SERVICE COSTS PROGRAM INPATIENT ANCILLARY SERVICES UTILIZATION REVIEW - PHYSICIAN COMPENSATION 80

81

TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS

84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 643.06

85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

			COLUMN 1	TOTAL	OBSERVATION BED
		ROUTINE	DIVIDED BY	OBSERVATION	PASS THROUGH
	COST	COST	COLUMN 2	BED COST	COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		7,634,396			
87 NEW CAPITAL-RELATED COST	148,294	7,634,396	.019424		
88 NON PHYSICIAN ANESTHETIST		7,634,396			
89 MEDICAL EDUCATION		7,634,396			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

PROVIDER NO: 14-0075 COMPONENT NO:

I 14-T075

PPS

TITLE XVIII PART A SUBPROVIDER II

PART I	- ALL PROVIDER COMPONENTS	1
	INPATIENT DAYS	
1 2	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	936 936
3	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	930
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	936
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	526
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15 16	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
18	DECEMBER 31 OF THE COST REPORTING PERIOD MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	DECEMBER 31 OF THE COST REPORTING PERIOD MEDICALD RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
20	DECEMBER 31 OF THE COST REPORTING PERIOD MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21 22	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	1,333,589
23	REPORTING PERIOD SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
24	REPORTING PERIOD SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
25	REPORTING PERIOD SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
26 27	TOTAL SWING-BED COST (SEE INSTRUCTIONS) GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,333,589
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28 29	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	910,480
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	910,480
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.464710
32 33	AVERAGE PRIVATE ROOM PER DIEM CHARGE AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	972.74
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35 36	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,333,589

IN LIEU OF FORM CMS-2552-96(05/2004) CONTD Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET D-1
I TO 12/31/2008 I PART II COMPUTATION OF INPATIENT OPERATING COST 14-0075 Т COMPONENT NO: Ι 14-T075 TITLE XVIII PART A SUBPROVIDER II PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1 PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38 1,424.77 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 749,429 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 749.429 TOTAL AVERAGE PROGRAM PROGRAM TOTAL I/P COST PER DIEM I/P DAYS DAYS COST 4 42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPTTAL UNITS INTENSIVE CARE UNIT 43 44 CORONARY CARE UNIT BURN INTENSIVE CARE UNIT 45 46 SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT 48 PROGRAM INPATIENT ANCILLARY SERVICE COST 499,913 TOTAL PROGRAM INPATIENT COSTS 1,249,342 49 PASS THROUGH COST ADJUSTMENTS PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 50 59,180 57,896 51 TOTAL PROGRAM EXCLUDABLE COST 117,076 52 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN 53 1,132,266 ANESTHETIST, AND MEDICAL EDUCATION COSTS TARGET AMOUNT AND LIMIT COMPUTATION

- 54 PROGRAM DISCHARGES
- 55 TARGET AMOUNT PER DISCHARGE
- 56 TARGET AMOUNT
- 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
- 58 BONUS PAYMENT
- 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996. UPDATED AND COMPOUNDED BY THE MARKET BASKET
- 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET **BASKET**
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
- 58.04 RELIEF PAYMENT
- ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
- 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

- 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
- (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

- MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST 60
- REPORTING PERIOD (SEE INSTRUCTIONS)
 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST 61
- REPORTING PERIOD (SEE INSTRUCTIONS)
- TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 62
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE 63 COST REPORTING PERIOD
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE 64 COST REPORTING PERIOD
- 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL PROVIDER NO: COMPUTATION OF INPATIENT OPERATING COST 14-0075 Ι COMPONENT NO: Ι 14-T075

TITLE XVIII PART A SUBPROVIDER II PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY

1 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST

- 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
- PROGRAM ROUTINE SERVICE COST 68
- 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
- TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
- CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
- PER DIEM CAPITAL-RELATED COSTS PROGRAM CAPITAL-RELATED COSTS
- INPATIENT ROUTINE SERVICE COST
- AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
- TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION INPATIENT ROUTINE SERVICE COST LIMITATION
- 78 79
- REASONABLE INPATIENT ROUTINE SERVICE COSTS
- PROGRAM INPATIENT ANCILLARY SERVICES
 UTILIZATION REVIEW PHYSICIAN COMPENSATION 80
- 81
- TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM

85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

1,424.77

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
06	1	2	3	4	5
86 OLD CAPITAL-RELATED COST 87 NEW CAPITAL-RELATED COST	105,305	1,333,589 1,333,589	.078964		
88 NON PHYSICIAN ANESTHETIST 89 MEDICAL EDUCATION	•	1,333,589 1,333,589			
89.01 MEDICAL EDUCATION - ALLIED HEA		1,333,369			
89.02 MEDICAL EDUCATION - ALL OTHER					

IN LIEU OF FORM CMS-2552-96(05/2004)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET D-1

COMPONENT NO: I TO 12/31/2008 I PART I

14-0075 I I I I

OTHER TITLE XIX - I/P HOSPITAL

PART I - ALL PROVIDER COMPONENTS

COST DIFFERENTIAL

PART I	- ALL PROVIDER COMPONENTS	1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	7,712
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,712
3 4	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,712
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	.,
6	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
O	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
8	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
o	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	3,331
10	(EXCLUDING SWING-BED AND NEWBORN DAYS) SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
10	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
13	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	1,384
16	NURSERY DAYS (TITLE V OR XIX ONLY)	655
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
18	DECEMBER 31 OF THE COST REPORTING PERIOD MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
10	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
20	DECEMBER 31 OF THE COST REPORTING PERIOD MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	
	DECEMBER 31 OF THE COST REPORTING PERIOD	
21 22	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	11,352,086
22	REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
24	REPORTING PERIOD SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
2.5	REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	11,352,086
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,386,117
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6 206 117
30 31	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	6,386,117 1.777619
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33 34	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	828.08
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	11 252 000
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	11,352,086

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL IN LIEU OF FORM CMS-2552-96(05/2004) CONTD Ι

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COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET D-1 14-0075 12/31/2008 I COMPONENT NO: I TO PART II 14-0075

1

5,642,702

14,361,996

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					1,472.00 4,903,232	
41					4,903,232	
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	960,448	1,384	693.97	655	454,550
43 44 45 46	INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT	4,802,529	956	5,023.57	453	2,275,677
47	NEONATAL INTENSIVE CARE UNIT	2,295,677	759	3,024.61	359	1,085,835

PASS THROUGH COST ADJUSTMENTS

- 50
- PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 51
- TOTAL PROGRAM EXCLUDABLE COST 52

TOTAL PROGRAM INPATIENT COSTS

PROGRAM INPATIENT ANCILLARY SERVICE COST

53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

- PROGRAM DISCHARGES
- 55 TARGET AMOUNT PER DISCHARGE
- 56 TARGET AMOUNT

48

49

- 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT BONUS PAYMENT
- 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996. UPDATED AND COMPOUNDED BY THE MARKET BASKET 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
- **BASKET**
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
- 58.04 RELIEF PAYMENT
- ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
- 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

- 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
- (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

- MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST 60
- REPORTING PERIOD (SEE INSTRUCTIONS)
 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST 61 REPORTING PERIOD (SEE INSTRUCTIONS)
- TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 62
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE 63 COST REPORTING PERIOD
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE 64 COST REPORTING PERIOD
- 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

Health Financial Systems MCRIF32 COMPUTATION OF INPATIENT OPERATING COST	FOR MICHAEL REESE HOSPITAL	IN PROVIDER NO: I 14-0075 I COMPONENT NO: I 14-0075	I FROM 1/1/2008 I WC	2004) CONTD ARED 6/27/2009 RKSHEET D-1 ART III			
TITLE XIX - I/P	HOSPITAL	OTHER					
PART III - SKILLED NURSING FACILITY, NURSING FACILITY OTHER NUSERVICE COST 67 ADJUSTED GENERAL INPATIENT ROUTING PROGRAM ROUTINE SERVICE COST 68 MEDICALLY NECESSARY PRIVATE ROOM 70 TOTAL PROGRAM GENERAL INPATIENT OF PROGRAM GENERAL INPATIENT OF PROGRAM CAPITAL-RELATED COSTS 73 PROGRAM CAPITAL-RELATED COSTS 74 INPATIENT ROUTINE SERVICE COST 75 AGGREGATE CHARGES TO BENEFICIARING TOTAL PROGRAM ROUTINE SERVICE COST 76 TOTAL PROGRAM ROUTINE SERVICE COST 77 INPATIENT ROUTINE SERVICE COST 78 INPATIENT ROUTINE SERVICE COST 79 REASONABLE INPATIENT ROUTINE SERVICE 80 PROGRAM INPATIENT ANCILLARY SERVICE 81 UTILIZATION REVIEW - PHYSICIAN CO 82 TOTAL PROGRAM INPATIENT OPERATING	JRSING FACILITY/ICF/MR ROUTINI NE SERVICE COST PER DIEM COST APPLICABLE TO PROGRAM ROUTINE SERVICE COSTS D INPATIENT ROUTINE SERVICE CO ES FOR EXCESS COSTS STS FOR COMPARISON TO THE COST ER DIEM LIMITATION IMITATION VICE COSTS ICES JMPENSATION	osts	1				
PART IV - COMPUTATION OF OBSERVATION BED	PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BED DAYS 84 ADJUSTED GENERAL INPATIENT ROUTI 85 OBSERVATION BED COST	NE COST PER DIEM		230 1,472.00 338,560				
	COMPUTATION OF OBSERVATION	N BED PASS THROUGH	I COST				
	ROUTINE	COLUMN 1 DIVIDED BY	TOTAL OBSERVATION BED OBSERVATION PASS THROUGH				

COST	ROUTINE COST	DIVIDED BY COLUMN 2	OBSERVATION BED COST	PASS THROUGH COST	
1	2	3	4	5	

86 OLD CAPITAL-RELATED COST
87 NEW CAPITAL-RELATED COST
88 NON PHYSICIAN ANESTHETIST
89 MEDICAL EDUCATION
89.01 MEDICAL EDUCATION - ALLIED HEA
89.02 MEDICAL EDUCATION - ALL OTHER

PROVIDER NO: 14-0075 COMPONENT NO:

1

I 14-s075

TITLE XIX - I/P

OTHER SUBPROVIDER I

PART I - ALL PROVIDER COMPONENTS

COST DIFFERENTIAL

TNPATTENT DA'	vc

	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	11,872
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,872
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	, -
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,872
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	•
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	8,877
	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
	YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
4-	(EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	

16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21 22	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	7,634,396
23	REPORTING PERIOD SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7,634,396
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28 29	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,977,430
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,977,430
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.588283
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,093.11
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36 37	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	7,634,396
51	GENERAL INFALIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND FRIVATE ROUM	7,034,390

IN LIEU OF FORM CMS-2552-96(05/2004) CONTD Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET D-1
I TO 12/31/2008 I PART II COMPUTATION OF INPATIENT OPERATING COST 14-0075 Т COMPONENT NO: Ι 14-S075 TITLE XIX - I/P SUBPROVIDER I OTHER PART II - HOSPITAL AND SUBPROVIDERS ONLY 1 PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 643.06 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 5,708,444 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 5.708.444 TOTAL AVERAGE PROGRAM PROGRAM **TOTAL** I/P COST PER DIEM I/P DAYS DAYS COST 4 42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPTTAL UNITS INTENSIVE CARE UNIT 44 CORONARY CARE UNIT BURN INTENSIVE CARE UNIT 45 46 SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT 48 PROGRAM INPATIENT ANCILLARY SERVICE COST 746,899 TOTAL PROGRAM INPATIENT COSTS 6,455,343 49 PASS THROUGH COST ADJUSTMENTS PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 50 51 TOTAL PROGRAM EXCLUDABLE COST 52 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN 53 ANESTHETIST, AND MEDICAL EDUCATION COSTS TARGET AMOUNT AND LIMIT COMPUTATION 54 PROGRAM DISCHARGES 55 TARGET AMOUNT PER DISCHARGE 56 TARGET AMOUNT 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 58 BONUS PAYMENT 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996. UPDATED AND COMPOUNDED BY THE MARKET BASKET

- 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET **BASKET**
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
- 58.04 RELIEF PAYMENT
- ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
- 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

- 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
- (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

- MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST 60
- REPORTING PERIOD (SEE INSTRUCTIONS)
 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST 61 REPORTING PERIOD (SEE INSTRUCTIONS)
- TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 62
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE 63 COST REPORTING PERIOD
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE 64 COST REPORTING PERIOD
- 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET D-1
I TO 12/31/2008 I PART III COMPUTATION OF INPATIENT OPERATING COST 14-0075 Т COMPONENT NO: Ι 14-S075 TITLE XIX - I/P SUBPROVIDER I OTHER PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY 1 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 67 PROGRAM ROUTINE SERVICE COST 68 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS PER DIEM CAPITAL-RELATED COSTS PROGRAM CAPITAL-RELATED COSTS INPATIENT ROUTINE SERVICE COST AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION INPATIENT ROUTINE SERVICE COST LIMITATION 78 REASONABLE INPATIENT ROUTINE SERVICE COSTS PROGRAM INPATIENT ANCILLARY SERVICES
UTILIZATION REVIEW - PHYSICIAN COMPENSATION 80 81 TOTAL PROGRAM INPATIENT OPERATING COSTS PART IV - COMPUTATION OF OBSERVATION BED COST 83 TOTAL OBSERVATION BED DAYS 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 643.06 85 OBSERVATION BED COST COMPUTATION OF OBSERVATION BED PASS THROUGH COST

FOR MICHAEL REESE HOSPITAL

PROVIDER NO:

IN LIEU OF FORM CMS-2552-96(05/2004) CONTD

				COLUMN 1	TOTAL	OBSERVATION BED	
			ROUTINE	DIVIDED BY	OBSERVATION	PASS THROUGH	
		COST	COST	COLUMN 2	BED COST	COST	
		1	2	3	4	5	
86	OLD CAPITAL-RELATED COST						

87 NEW CAPITAL-RELATED COST

88 NON PHYSICIAN ANESTHETIST 89

MEDICAL EDUCATION

Health Financial Systems

MCRIF32

89.01 MEDICAL EDUCATION - ALLIED HEA

89.02 MEDICAL EDUCATION - ALL OTHER

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO: 14-0075 COMPONENT NO: I

14-T075

TITLE XIX - I/P SUBPROVIDER II OTHER

PART I	- ALL PROVIDER COMPONENTS	1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	936
2 3	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	936
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	936
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6 7	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
8	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
9	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	152
10	(EXCLUDING SWING-BED AND NEWBORN DAYS) SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
11	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
12	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12 13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING	
13	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15 16	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
18	DECEMBER 31 OF THE COST REPORTING PERIOD MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,333,589
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24 25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
26	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,333,589
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28 29	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	910,480
30 31	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	910,480 1.464710
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	272 -:
33 34	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	972.74
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36 37	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,333,589

IN LIEU OF FORM CMS-2552-96(05/2004) CONTD Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET D-1
I TO 12/31/2008 I PART II COMPUTATION OF INPATIENT OPERATING COST 14-0075 Т COMPONENT NO: Ι 14-T075 TITLE XIX - I/P SUBPROVIDER II OTHER PART II - HOSPITAL AND SUBPROVIDERS ONLY 1 PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 1,424.77 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 216,565 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 216,565 TOTAL AVERAGE PROGRAM PROGRAM **TOTAL** I/P COST PER DIEM I/P DAYS DAYS COST 4 42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPTTAL UNITS INTENSIVE CARE UNIT 44 CORONARY CARE UNIT BURN INTENSIVE CARE UNIT 45 46 SURGICAL INTENSIVE CARE UNIT 47 NEONATAL INTENSIVE CARE UNIT 48 PROGRAM INPATIENT ANCILLARY SERVICE COST 142,607 TOTAL PROGRAM INPATIENT COSTS 359,172 49 PASS THROUGH COST ADJUSTMENTS PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 50 51

- TOTAL PROGRAM EXCLUDABLE COST 52
- TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN 53 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

- 54 PROGRAM DISCHARGES
- 55 TARGET AMOUNT PER DISCHARGE
- 56 TARGET AMOUNT
- 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
- 58 BONUS PAYMENT
- 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996. UPDATED AND COMPOUNDED BY THE MARKET BASKET
- 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET **BASKET**
- 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
- 58.04 RELIEF PAYMENT
- ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
- 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)

- 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
- (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
- 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

- MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST 60
- REPORTING PERIOD (SEE INSTRUCTIONS)
 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST 61
- REPORTING PERIOD (SEE INSTRUCTIONS)
- TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 62
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE 63 COST REPORTING PERIOD
- TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE 64 COST REPORTING PERIOD
- 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET D-1
I TO 12/31/2008 I PART III COMPUTATION OF INPATIENT OPERATING COST 14-0075 Т COMPONENT NO: Ι 14-T075 TITLE XIX - I/P SUBPROVIDER II OTHER PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & ICF/MR ONLY 1 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 67 PROGRAM ROUTINE SERVICE COST 68 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS PER DIEM CAPITAL-RELATED COSTS PROGRAM CAPITAL-RELATED COSTS INPATIENT ROUTINE SERVICE COST AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION INPATIENT ROUTINE SERVICE COST LIMITATION 78 REASONABLE INPATIENT ROUTINE SERVICE COSTS PROGRAM INPATIENT ANCILLARY SERVICES
UTILIZATION REVIEW - PHYSICIAN COMPENSATION 80 81 TOTAL PROGRAM INPATIENT OPERATING COSTS PART IV - COMPUTATION OF OBSERVATION BED COST 83 TOTAL OBSERVATION BED DAYS 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,424.77 85 OBSERVATION BED COST COMPUTATION OF OBSERVATION BED PASS THROUGH COST COLUMN 1 TOTAL ORSERVATION RED

FOR MICHAEL REESE HOSPITAL

COST	ROUTINE COST	DIVIDED BY COLUMN 2	OBSERVATION BED COST	PASS THROUGH COST	
1	2	3	4	5	

IN LIEU OF FORM CMS-2552-96(05/2004) CONTD

86 OLD CAPITAL-RELATED COST

87 NEW CAPITAL-RELATED COST

88 NON PHYSICIAN ANESTHETIST

89 MEDICAL EDUCATION

Health Financial Systems

MCRIF32

89.01 MEDICAL EDUCATION - ALLIED HEA 89.02 MEDICAL EDUCATION - ALL OTHER

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A

IN LIEU OF FORM CMS-2552-96(05/2004)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
14-0075 I FROM 1/ 1/2008 I WORKSHEET D-4

COMPONENT NO: I TO 12/31/2008 I
14-0075 I I I I

I I I

WKST LINE		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25 26 30 31		INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT SUBPROVIDER		3,548,890 694,300	
31	01	ANCILLARY SRVC COST CNTRS			
37 38		OPERATING ROOM RECOVERY ROOM	.739536 1.605675	476,631 27,475	352,486 44,116
39 40		DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	.918140 .282485	122,251	34,534
41 43 44		RADIOLOGY-DIAGNOSTIC RADIOISOTOPE LABORATORY	.705200 .640782 .154725	1,353,333 191,795 3,083,230	954,370 122,899 477,053
46 49		WHOLE BLOOD & PACKED RED BLOOD CELLS RESPIRATORY THERAPY	.384613	286,949 1,934,983	110,364 481,662
50 51		PHYSICAL THERAPY OCCUPATIONAL THERAPY	.993154 .841451	64,404 57,758	63,963 48,601
52 53 54		SPEECH PATHOLOGY ELECTROCARDIOLOGY	2.635374 .332831	10,962 891,669	28,889 296,775
55 56 59		ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	6.635520 .197671 .340182	17,760 1,022,272 2,163,415	117,847 202,074 735,955
59		ENDOSCOPY	.732791	127,817	93,663
59 59		LABORATORY-PATHOLOGICAL PULMONARY FUNCTION TESTING	1.119060 .638122	4,728	5,291
	05	ULTRA SOUND MAGNETIC RESONANCE IMAGING (MRI)	.317319	97,455 116,366	30,924 29,380
59	06	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	.401401	107,120	42,998
60 61		CLINIC EMERGENCY	5.245419 .357239	1,344 641,824	7,050 229,285
62		OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	. 471422	10,737	5,062
101 102		TOTAL LESS PBP CLINIC LABORATORY SERVICES -		12,812,278	4,515,241
103		PROGRAM ONLY CHARGES NET CHARGES		12,812,278	

I PROVIDER
I 14-0075
I COMPONEN
I 14-S075

IN LIEU OF FORM CMS-2552-96(05/2004)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET D-4

COMPONENT NO: I TO 12/31/2008 I

14-S075 I I I INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A SUBPROVIDER 1

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WKST LINE		COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
			1	2	3
2.5		INPAT ROUTINE SRVC CNTRS			
25 26		ADULTS & PEDIATRICS			
30		INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT			
31				1,367,130	
31	01	SUBPROVIDER REHABILITATION UNIT		1,367,130	
21	UΙ	ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.739536	816	603
38		RECOVERY ROOM	1.605675	010	003
39		DELIVERY ROOM & LABOR ROOM	.918140		
40		ANESTHESIOLOGY	.282485		
41		RADIOLOGY-DIAGNOSTIC	.705200	7,522	5,305
43		RADIOISOTOPE	.640782	7,322	3,303
44		LABORATORY	.154725	200,130	30,965
46		WHOLE BLOOD & PACKED RED BLOOD CELLS	.384613	200,130	30,303
49		RESPIRATORY THERAPY	.248923	6,402	1,594
50		PHYSICAL THERAPY	.993154	272	270
51		OCCUPATIONAL THERAPY	.841451	146	123
52		SPEECH PATHOLOGY	2.635374	140	123
53		ELECTROCARDIOLOGY	.332831	7,998	2,662
54		ELECTROENCEPHALOGRAPHY	6.635520	7,550	2,002
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.197671	1,541	305
56		DRUGS CHARGED TO PATIENTS	.340182	258,787	88,035
59		DROGS CHARGES TO FATTERTS	1310102	230,707	00,033
	01	ENDOSCOPY	.732791		
59		LABORATORY-PATHOLOGICAL	1.119060		
59		PULMONARY FUNCTION TESTING	.638122		
59		ULTRA SOUND	.317319		
59		MAGNETIC RESONANCE IMAGING (MRI)	.252479		
59		RENAL DIALYSIS	.401401		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	5.245419		
61		EMERGENCY	.357239	151,307	54,053
62		OBSERVATION BEDS (NON-DISTINCT PART)	.471422	,	,
		OTHER REIMBURS COST CNTRS			
101		TOTAL		634,921	183,915
102		LESS PBP CLINIC LABORATORY SERVICES -		,	,
		PROGRAM ONLY CHARGES			
103		NET CHARGES		634,921	

I I I INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A SUBPROVIDER 2

WKST LINE		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
30		NEONATAL INTENSIVE CARE UNIT			
31		SUBPROVIDER			
31	01	REHABILITATION UNIT		547,040	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.739536	7,120	5,265
38		RECOVERY ROOM	1.605675	626	1,005
39		DELIVERY ROOM & LABOR ROOM	.918140		
40		ANESTHESIOLOGY	. 282485	1,094	309
41		RADIOLOGY-DIAGNOSTIC	.705200	13,933	9,826
43		RADIOISOTOPE	.640782		
44		LABORATORY	.154725	48,106	7,443
46		WHOLE BLOOD & PACKED RED BLOOD CELLS	.384613		
49		RESPIRATORY THERAPY	.248923	39,850	9,920
50		PHYSICAL THERAPY	.993154	148,771	147,753
51		OCCUPATIONAL THERAPY	.841451	189,035	159,064
52		SPEECH PATHOLOGY	2.635374	31,389	82,722
53		ELECTROCARDIOLOGY	.332831	516	172
54		ELECTROENCEPHALOGRAPHY	6.635520		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.197671	35,934	7,103
56 59		DRUGS CHARGED TO PATIENTS	. 340182	190,725	64,881
59	01	ENDOSCOPY	.732791		
59		LABORATORY-PATHOLOGICAL	1.119060		
59	03	PULMONARY FUNCTION TESTING	.638122		
59	04	ULTRA SOUND	.317319	671	213
59	05	MAGNETIC RESONANCE IMAGING (MRI)	.252479		
59	06	RENAL DIALYSIS	.401401	9,373	3,762
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	5.245419		
61		EMERGENCY	.357239	1,329	475
62		OBSERVATION BEDS (NON-DISTINCT PART)	.471422		
		OTHER REIMBURS COST CNTRS			
101		TOTAL		718,472	499,913
102		LESS PBP CLINIC LABORATORY SERVICES -			
		PROGRAM ONLY CHARGES			
103		NET CHARGES		718,472	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

IN LIEU OF FORM CMS-2552-96(05/2004)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
14-0075 I FROM 1/ 1/2008 I WORKSHEET D-4

COMPONENT NO: I TO 12/31/2008 I
14-0075 I I

I I I

OTHER TITLE XIX HOSPITAL

WKST LINE		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25 26 30 31		INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT SUBPROVIDER		2,684,772 1,422,524 3,653,891	
31	01	REHABILITATION UNIT ANCILLARY SRVC COST CNTRS			
37 38		OPERATING ROOM RECOVERY ROOM	.739536 1.605675	394,882 39,663	292,029 63,686
39 40		DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	.918140 .282485	2,478,242 792,504	2,275,373 223,870
41 43		RADIOLOGY-DIAGNOSTIC RADIOISOTOPE	.705200 .640782	633,931 86,658	447,048 55,529
44 46		LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS	.154725 .384613	1,933,888 312,259	299,221 120,099
49 50		RESPIRATORY THERAPY PHYSICAL THERAPY	.248923 .993154	829,832 11,620	206,564 11,540
51 52 53		OCCUPATIONAL THERAPY SPEECH PATHOLOGY	.841451 2.635374 .332831	8,789 2,404 418,161	7,396 6,335 139,177
54 55		ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS	6.635520 .197671	8,880 1,235,852	58,923 244,292
56 59		DRUGS CHARGED TO PATIENTS	.340182	2,101,488	714,888
59	01	ENDOSCOPY	.732791		
59		LABORATORY-PATHOLOGICAL	1.119060	181,873	203,527
59 59		PULMONARY FUNCTION TESTING ULTRA SOUND	.638122 .317319	2,261 102.991	1,443 32,681
59		MAGNETIC RESONANCE IMAGING (MRI)	.252479	58,926	14,878
59		RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	.401401	77,717	31,196
60		CLINIC	5.439636	478	2,600
61		EMERGENCY	. 357239	491,402	175,548
62		OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.471422	31,519	14,859
101		TOTAL		12,236,220	5,642,702
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		12,236,220	

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

IN LIEU OF FORM CMS-2552-96(05/2004)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
14-0075 I FROM 1/ 1/2008 I WORKSHEET D-4

COMPONENT NO: I TO 12/31/2008 I
14-S075 I I

I I I OTHER TITLE XIX SUBPROVIDER 1

WKST LINE		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25		INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
30		NEONATAL INTENSIVE CARE UNIT			
31		SUBPROVIDER		9,808,070	
31	01	REHABILITATION UNIT		9,000,070	
31	OΤ	ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.739536	4,592	3,396
38		RECOVERY ROOM	1.605675	409	657
39		DELIVERY ROOM & LABOR ROOM	.918140	403	037
40		ANESTHESIOLOGY	.282485	2,252	636
41		RADIOLOGY-DIAGNOSTIC	.705200	13,074	9,220
43		RADIOISOTOPE	.640782	13,071	3,220
44		LABORATORY	.154725	736,839	114,007
46		WHOLE BLOOD & PACKED RED BLOOD CELLS	.384613	.50,055	
49		RESPIRATORY THERAPY	.248923	3,371	839
50		PHYSICAL THERAPY	.993154	269	267
51		OCCUPATIONAL THERAPY	.841451	568	478
52		SPEECH PATHOLOGY	2.635374		
53		ELECTROCARDIOLOGY	.332831	63,383	21,096
54		ELECTROENCEPHALOGRAPHY	6.635520		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.197671	4,244	839
56		DRUGS CHARGED TO PATIENTS	.340182	1,062,167	361,330
59					
59	01	ENDOSCOPY	.732791	4,598	3,369
59		LABORATORY-PATHOLOGICAL	1.119060		
59		PULMONARY FUNCTION TESTING	.638122		
59		ULTRA SOUND	.317319	764	242
59		MAGNETIC RESONANCE IMAGING (MRI)	.252479		
59	06	RENAL DIALYSIS	.401401		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	5.439636	747	4,063
61		EMERGENCY	. 357239	633,918	226,460
62		OBSERVATION BEDS (NON-DISTINCT PART)	.471422		
101		OTHER REIMBURS COST CNTRS		2 521 105	746 000
101		TOTAL		2,531,195	746,899
102		LESS PBP CLINIC LABORATORY SERVICES -			
102		PROGRAM ONLY CHARGES		2 521 105	
103		NET CHARGES		2,531,195	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

IN LIEU OF FORM CMS-2552-96(05/2004)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
14-0075 I FROM 1/ 1/2008 I WORKSHEET D-4

COMPONENT NO: I TO 12/31/2008 I
14-T075 I I I

I I I

OTHER TITLE XIX SUBPROVIDER 2

WKST LINE		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25 26 30		INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT			
31 31	01	SUBPROVIDER REHABILITATION UNIT ANCILLARY SRVC COST CNTRS		136,360	
37 38		ANCILLARY SAVE COST CNIRS OPERATING ROOM RECOVERY ROOM	.739536 1.605675		
39 40		DELIVERY ROOM & LABOR ROOM ANESTHESIOLOGY	.918140		
41 43		RADIOLOGY-DIAGNOSTIC RADIOISOTOPE	.705200	2,647	1,867
44 46		LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS	.154725 .384613	11,424	1,768
49 50		RESPIRATORY THERAPY PHYSICAL THERAPY	.248923 .993154	40,772 39,979	10,149 39,705
51 52		OCCUPATIONAL THERAPY SPEECH PATHOLOGY	.841451 2.635374	53,413 10,122	44,944 26,675
53 54		ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY	.332831 6.635520	2,826	941
55 56 59		MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	.197671 .340182	4,816 32,825	952 11,166
59 59	02	ENDOSCOPY LABORATORY-PATHOLOGICAL	.732791 1.119060		
59 59 59	04	PULMONARY FUNCTION TESTING ULTRA SOUND MAGNETIC RESONANCE IMAGING (MRI)	.638122 .317319 .252479	964	306
59		RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	.401401	9,373	3,762
60 61 62		CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	5.439636 .357239 .471422	1,042	372
101 102		OTHER REIMBURS COST CNTRS TOTAL LESS PBP CLINIC LABORATORY SERVICES -		210,203	142,607
103		PROGRAM ONLY CHARGES NET CHARGES		210,203	

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (12/2008)

NO: I PERIOD: I PREPARED 6/27/2009

I FROM 1/ 1/2008 I WORKSHEET E

NO: I TO 12/31/2008 I PART A

I I PROVIDER NO: 14-0075 COMPONENT NO: I 14-0075

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	ד ח־	DTT	ONI

DESCRIPTION			
		1	1.01
DRG AMOUNT 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		3,522,629	
MANAGED CARE PATIENTS			
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1 1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR) 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		894,528	
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001. 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97			
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)		22,290	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		155.48	
INDIRECT MEDICAL EDUCATION ADJUSTMENT 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS) 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE		200.82	
12/31/1996. 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH			
MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION		-35.47	
1886(d)(5)(B)(viii)	FOR CR PERIODS ENDING ON OF	,	
	AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.0		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS) 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE	156.43 -35.47		
CURRENT YEAR FROM YOUR RECORDS 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1,ENTER		33.04	
THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1. 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1			
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10			
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS. 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		2.98 36.82	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		86.04	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD		93.50	
BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF		72.12	
THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS). 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.463854	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS) 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 10.75 FAMILY OF THE PRIOR OF THE STATE AND THE S		. 556353 . 463854	
1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST) 3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1 3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1,		995,137	
BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS) 3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1			
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	SUM OF LINES PLUS E-3, F 3.21 - 3.23 VI, LINE 2 995,137		
DISPROPORTIONATE SHARE ADJUSTMENT 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A		14.19	
PATIENT DAYS (SEE INSTRUCTIONS) 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED		51.27	
ON WORKSHEET S-3, PART I 4.02 SUM OF LINES 4 AND 4.01		65.46	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC) 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		43.22 1,522,480	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DO TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)	ISCHARGES		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS) 5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)			
COURTLY LOW UPON HIGHLY			

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0075 I COMPONENT NO: 14-0075

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

	DESCRIPTION	4	1 01
		1	1.01
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
6	TOTAL ADDITIONAL PAYMENT SUBTOTAL (SEE INSTRUCTIONS)	6,062,536	
7	HOSPITAL (SEE INSTRUCTIONS) HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND	0,002,330	
•	MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND		
	MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY		
0	BEG. 10/1/2000)	6 062 536	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH	6,062,536	
9	ONLY (SEE INSTRUCTIONS)	501,654	
10	PAYMENT FOR INPATIENT PROGRAM CAPITAL EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL	301,634	
10	(WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM	1,207,317	
	WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	_,,	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST		
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	7 771 507	
16	TOTAL PAYER PAYER TO	7,771,507	
17 18	PRIMARY PAYER PAYMENTS	7,771,507	
19	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	393,728	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	40,816	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	704,744	
	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	493,321	
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	625,258	
22	SUBTOTAL	7,830,284	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER		
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
	OUTLIER RECONCILIATION ADJUSTMENT		
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		
26	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS AMOUNT DUE PROVIDER	7,830,284	
27	SEQUESTRATION ADJUSTMENT	7,030,204	
28	INTERIM PAYMENTS	8,583,240	
	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	-,,0	
29	BALANCE DUE PROVIDER (PROGRAM)	-752,956	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN		
	ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01
CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01
OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
TIME VALUE OF MONEY (SEE INSTRUCTIONS) 50 51 52 53

CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

IN LIEU OF FORM CMS-2552-96 (04/2005)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET E

COMPONENT NO: I TO 12/31/2008 I PART B

14-0075 I I I I CALCULATION OF REIMBURSEMENT SETTLEMENT I

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL	
1.02 1.03 1.04 1.05 1.06	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. LINE 1.01 TIMES LINE 1.03. LINE 1.02 DIVIDED BY LINE 1.04. TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS) ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101. INTERNS AND RESIDENTS ORGAN ACQUISITIONS COST OF TEACHING PHYSICIANS TOTAL COST (SEE INSTRUCTIONS)	76 2,844,708 997,523
	COMPUTATION OF LESSER OF COST OR CHARGES	
6 7 8 9 10	REASONABLE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CHARGES ORGAN ACQUISITION CHARGES CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. TOTAL REASONABLE CHARGES	222
11 12 13 14	CUSTOMARY CHARGES AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e). RATIO OF LINE 11 TO LINE 12 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	222
15 16 17 17.01	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	146 76 997,523
18 18.01 19 20 21 22 23 24 25	COMPUTATION OF REIMBURSEMENT SETTLEMENT DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) SUBTOTAL (SEE INSTRUCTIONS) SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.) DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS ESRD DIRECT MEDICAL EDUCATION COSTS SUBTOTAL PRIMARY PAYER PAYMENTS SUBTOTAL	279,740 717,859 333,864 1,051,723 1,051,723
27.02 28 29 30 30.99 31 32 33 34	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) COMPOSITE RATE ESRD BAD DEBTS (SEE INSTRUCTIONS) ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES SUBTOTAL RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION. OTHER ADJUSTMENTS (SPECIFY) OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS. SUBTOTAL SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) INTERIM PAYMENTS TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) BALANCE DUE PROVIDER/PROGRAM PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	262,735 183,915 246,707 1,235,638 1,235,638 1,087,119 148,519
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (04/2005)

NO: I PERIOD: I PREPARED 6/27/2009

I FROM 1/ 1/2008 I WORKSHEET E

NO: I TO 12/31/2008 I PART B

I I PROVIDER NO: 14-0075 COMPONENT NO: I 14-S075

PART B - MEDICAL AND OTHER HEALTH SERVICES

SURPROVIDER 1

SUBPROVIDER 1	
<pre>1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1,</pre>	1,283 588
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CHARGES ORGAN ACQUISITION CHARGES CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e). 13 RATIO OF LINE 11 TO LINE 12 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	588
COMPUTATION OF REIMBURSEMENT SETTLEMENT 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	137
19 SUBTOTAL (SEE INSTRUCTIONS) 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.) 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS 22 ESRD DIRECT MEDICAL EDUCATION COSTS	451 451
23 SUBTOTAL 24 PRIMARY PAYER PAYMENTS	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) COMPOSITE RATE ESRD BAD DEBTS (SEE INSTRUCTIONS) ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES SUBTOTAL RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION. OTHER ADJUSTMENTS (SPECIFY) OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING	451 451
FROM DISPOSITION OF DEPRECIABLE ASSETS. 32 SUBTOTAL	451
33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) 34 INTERIM PAYMENTS 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) 35 BALANCE DUE PROVIDER/PROGRAM 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	451

IN LIEU OF FORM CMS-2552-96 (04/2005)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET E

COMPONENT NO: I TO 12/31/2008 I PART B

14-T075 I I I I CALCULATION OF REIMBURSEMENT SETTLEMENT I

PART B - MEDICAL AND OTHER HEALTH SERVICES

, 2	SUBPROVIDER 2	
1 1.01	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	911
1.03 1.04	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. LINE 1.01 TIMES LINE 1.03. LINE 1.02 DIVIDED BY LINE 1.04.	203
1.06 1.07	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS) ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2 3 4 5	INTERNS AND RESIDENTS ORGAN ACQUISITIONS COST OF TEACHING PHYSICIANS TOTAL COST (SEE INSTRUCTIONS)	
	COMPUTATION OF LESSER OF COST OR CHARGES	
6 7	REASONABLE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CHARGES	
8 9 10	ORGAN ACQUISITION CHARGES CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. TOTAL REASONABLE CHARGES	
11	CUSTOMARY CHARGES AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13 14 15	RATIO OF LINE 11 TO LINE 12 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16 17 17.01	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	203
18 18.01	COMPUTATION OF REIMBURSEMENT SETTLEMENT DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON	72
19 20	LINE 17.01 (SEE INSTRUCTIONS) SUBTOTAL (SEE INSTRUCTIONS) SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	131
21 22	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS ESRD DIRECT MEDICAL EDUCATION COSTS	
23 24 25	SUBTOTAL PRIMARY PAYER PAYMENTS SUBTOTAL	131 131
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	131
26 27 27.01	COMPOSITE RATE ESRD BAD DEBTS (SEE INSTRUCTIONS) ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02 28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES SUBTOTAL	131
29 30	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION. OTHER ADJUSTMENTS (SPECIFY)	
30.99 31	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING	
32 33	FROM DISPOSITION OF DEPRECIABLE ASSETS. SUBTOTAL SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	131
34 34.01 35	INTERIM PAYMENTS TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) BALANCE DUE PROVIDER/PROGRAM	131
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

14-0075

TITLE XVIII

DESCRIPTION		INPATIENT MM/DD/YYYY 1	-PART A AMOUNT 2	PART MM/DD/YYYY 3	B AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		1	8,583,240 NONE	3	1,087,119 NONE
ADJUSTMENTS TO PROVIDER ADJUSTMENTS TO PROGRAM	.01 .02 .03 .04 .05 .50 .51 .52 .53				
SUBTOTAL 4 TOTAL INTERIM PAYMENTS	.99		NONE 8,583,240		NONE 1,087,119
TO BE COMPLETED BY INTERMEDIARY 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) TENTATIVE TO PROVIDER TENTATIVE TO PROVIDER TENTATIVE TO PROGRAM TENTATIVE TO PROGRAM TENTATIVE TO PROGRAM TENTATIVE TO PROGRAM	.01 .02 .03 .50 .51				
SUBTOTAL 6 DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER	.99		NONE		NONE 148,519
AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM BASED ON COST REPORT (1)	.02		752,956		1.0,313
7 TOTAL MEDICARE PROGRAM LIABILITY			7,830,284		1,235,638
NAME OF INTERMEDIARY: INTERMEDIARY NO: SIGNATURE OF AUTHORIZED PERSON:					
DATE:/					

⁽¹⁾ ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

SIGNATURE OF AUTHORIZED PERSON: _______

DATE: ___/___/__

.01

.02

744,570

451

SETTLEMENT TO PROVIDER

SETTLEMENT TO PROGRAM

6 DETERMINED NET SETTLEMENT

BASED ON COST REPORT (1)
7 TOTAL MEDICARE PROGRAM LIABILITY

AMOUNT (BALANCE DUE)

NAME OF INTERMEDIARY: INTERMEDIARY NO:

⁽¹⁾ ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

SUBTOTAL NONE 4 TOTAL INTERIM PAYMENTS 859,009 131 TO BE COMPLETED BY INTERMEDIARY 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT
AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.
IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)
TENTATIVE TO PROVIDER .01 TENTATIVE TO PROVIDER .02 TENTATIVE TO PROVIDER .03 TENTATIVE TO PROGRAM TENTATIVE TO PROGRAM .51 TENTATIVE TO PROGRAM .52 SUBTOTAL .99 NONE NONE 10,203 SETTLEMENT TO PROVIDER 6 DETERMINED NET SETTLEMENT .01 AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM .02 BASED ON COST REPORT (1) 7 TOTAL MEDICARE PROGRAM LIABILITY 869,212 131

.52

.54

.99

NONE

ADJUSTMENTS TO PROGRAM

ADJUSTMENTS TO PROGRAM ADJUSTMENTS TO PROGRAM

NAME OF INTERMEDIARY: INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _

DATE: ___/___

⁽¹⁾ ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)

NO: I PERIOD: I PREPARED 6/27/2009

I FROM 1/ 1/2008 I WORKSHEET E-3

NO: I TO 12/31/2008 I PART I

I I PROVIDER NO: 14-0075 COMPONENT NO: I 14-s075

TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS PART I - MEDICARE PART A SERVICES -SUBPROVIDER 1

	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS) HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.03	ENTER FROM THE PS&R, THE IRF PPS PAYMENT MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.) INPATIENT REHABILITATION FACILITY LIP PAYMENTS	
	(SEE INSTRUCTIONS) OUTLIER PAYMENTS TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02,	
	1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42) NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	863,546
	NET IPF PPS OUTLIER PAYMENTS NET IPF PPS ECT PAYMENTS	
	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE	32.437158
1.18	1.15/1.16)) RAISED TO THE POWER OF .5150 - 1}. MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	863,546
	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%) ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE	
1.22	APPROPRIATE FEDERAL BLEND PERCENTAGE) STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE	
1.23	1.19 OTHERWISE ENTER -0-) TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	863,546
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER	
	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE	
1.36	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER	
1.36 1.37	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR	
1.36 1.37 1.38	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL	
1.36 1.37 1.38 1.39 1.40	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.36 1.37 1.38 1.39 1.40 1.41	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.36 1.37 1.38 1.39 1.40 1.41 1.42	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}. MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). ORGAN ACQUISITION	
1.36 1.37 1.38 1.39 1.40 1.41 1.42	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40))) RAISED TO THE POWER OF .9012 - 1}. MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). ORGAN ACQUISITION COST OF TEACHING PHYSICIANS SUBTOTAL (SEE INSTRUCTIONS)	863,546
1.36 1.37 1.38 1.39 1.40 1.41 1.42	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}. MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). ORGAN ACQUISITION COST OF TEACHING PHYSICIANS SUBTOTAL	863,546
1.36 1.37 1.38 1.39 1.40 1.41 1.42	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}. MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). ORGAN ACQUISITION COST OF TEACHING PHYSICIANS SUBTOTAL (SEE INSTRUCTIONS) PRIMARY PAYER PAYMENTS	
1.36 1.37 1.38 1.39 1.40 1.41 1.42 2 3 4 5 6 7 8 9 10 11	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40))) RAISED TO THE POWER OF .9012 - 1}. MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). ORGAN ACQUISITION COST OF TEACHING PHYSICIANS SUBTOTAL (SEE INSTRUCTIONS) PRIMARY PAYER PAYMENTS SUBTOTAL DEDUCTIBLES SUBTOTAL COINSURANCE SUBTOTAL REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	863,546 52,160 811,386
1.36 1.37 1.38 1.39 1.40 1.41 1.42 2 3 4 5 6 7 8 9 10 11 11.01 11.02	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}. MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). ORGAN ACQUISITION COST OF TEACHING PHYSICIANS SUBTOTAL (SEE INSTRUCTIONS) PRIMARY PAYER PAYMENTS SUBTOTAL COINSURANCE SUBTOTAL COINSURANCE SUBTOTAL REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS) ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	863,546 52,160 811,386 66,816 744,570
1.36 1.37 1.38 1.39 1.40 1.41 1.42 2 3 4 5 6 6 7 8 9 10 11 11.01 11.02 12 13	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}. MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). ORGAN ACQUISITION COST OF TEACHING PHYSICIANS SUBTOTAL (SEE INSTRUCTIONS) PRIMARY PAYER PAYMENTS SUBTOTAL DEDUCTIBLES SUBTOTAL COINSURANCE SUBTOTAL REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS) ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES SUBTOTAL DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	863,546 52,160 811,386 66,816
1.36 1.37 1.38 1.39 1.40 1.41 1.42 2 3 4 5 6 6 7 8 9 10 11 11.01 11.02 12 13 13.01	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FITES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}. MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). ORGAN ACQUISITION COST OF TEACHING PHYSICIANS SUBTOTAL (SEE INSTRUCTIONS) PRIMARY PAYER PAYMENTS SUBTOTAL DEDUCTIBLES SUBTOTAL COINSURANCE SUBTOTAL REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS) ADJUSTED REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES SUBTOTAL REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES SUBTOTAL DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	863,546 52,160 811,386 66,816 744,570
1.36 1.37 1.38 1.39 1.40 1.41 1.42 2 3 4 5 6 6 7 8 9 10 11 11.01 11.02 12 13 13.01 14	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40))) RAISED TO THE POWER OF .9012 - 1}. MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). ORGAN ACQUISITION COST OF TEACHING PHYSICIANS SUBTOTAL (SEE INSTRUCTIONS) PRIMARY PAYER PAYMENTS SUBTOTAL COINSURANCE SUBTOTA	863,546 52,160 811,386 66,816 744,570
1.36 1.37 1.38 1.39 1.40 1.41 1.42 2 3 4 5 6 6 7 8 9 10 11 11.01 11.02 12 13 13.01 14	COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.) NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40))) RAISED TO THE POWER OF .9012 - 1}. MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41). ORGAN ACQUISITION COST OF TEACHING PHYSICIANS SUBTOTAL (SEE INSTRUCTIONS) PRIMARY PAYER PAYMENTS SUBTOTAL DEDUCTIBLES SUBTOTAL COINSURANCE SUBTOTAL REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS) ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES SUBTOTAL DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION OTHER ADJUSTMENTS (SPECIFY)	863,546 52,160 811,386 66,816 744,570

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)

NO: I PERIOD: I PREPARED 6/27/2009

I FROM 1/ 1/2008 I WORKSHEET E-3

NO: I TO 12/31/2008 I PART I Health Financial Systems FOR MICHAEL REESE HOSPITAL MCRIF32 PROVIDER NO:

CALCULATION OF REIMBURSEMENT SETTLEMENT 14-0075 Ι COMPONENT NO: Ι 14-s075

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS SUBPROVIDER 1

19 744,570 INTERIM PAYMENTS

19.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)

BALANCE DUE PROVIDER/PROGRAM

20 21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

---- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3,I LN 1.05 (IRF) OR 1.09 (IPF).

ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0075 COMPONENT NO: I 14-T075

TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS PART I - MEDICARE PART A SERVICES -SUBPROVIDER 2

SUBPROVIDER 2	
1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS) 1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS) 1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT 1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.) 1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS) 1.05 OUTLIER PAYMENTS 1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42) 1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	741,453 .1318 129,206 3,673 874,332
INPATIENT PSYCHIATRIC FACILITY (IPF) 1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS) 1.09 NET IPF PPS OUTLIER PAYMENTS 1.10 NET IPF PPS ECT PAYMENTS 1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS) 1.12 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS) 1.13 CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) 1.14 CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.) 1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) 1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.10 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) 1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE	
$1.15/1.16$)) RAISED TO THE POWER OF $.5150-1$ }. 1.18 MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED	
BY LINE 1.17). 1.19 ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08,	
1.09, 1.10 and 1.18) 1.20 STOP LOSS PAYMENT FLOOR (LINE 1 x 70%) 1.21 ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE	
APPROPRIATE FEDERAL BLEND PERCENTAGE) 1.22 STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE	
1.19 OTHERWISE ENTER -0-) 1.23 TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF) 1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE	
INSTRUCTIONS) 1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING	
PROGRAM". (SEE INST.) 1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL	
EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) 1.40 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) 1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) RAISED TO THE POWER OF .9012 - 1}.	2.557377
1.42 MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2 ORGAN ACQUISITION 3 COST OF TEACHING PHYSICIANS	
4 SUBTOTAL (SEE INSTRUCTIONS)	874,332
5 PRIMARY PAYER PAYMENTS 6 SUBTOTAL	874,332
7 DEDUCTIBLES 8 SUBTOTAL	3,072 871,260
9 COINSURANCE	2,048
10 SUBTOTAL 11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	869,212
11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12 SUBTOTAL	869,212
13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER	
TERMINATION OR A DECREASE IN PROGRAM UTILIZATION 15 OTHER ADJUSTMENTS (SPECIFY)	
15.99 OUTLIER RECONCILIATION ADJUSTMENT 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	
RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) 18 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	869,212

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)
NO: I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET E-3
NO: I TO 12/31/2008 I PART I Health Financial Systems FOR MICHAEL REESE HOSPITAL MCRIF32 PROVIDER NO: CALCULATION OF REIMBURSEMENT SETTLEMENT 14-0075 Ι COMPONENT NO: Ι

14-T075

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS SUBPROVIDER 2

19 859,009 INTERIM PAYMENTS 19.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) BALANCE DUE PROVIDER/PROGRAM 10,203 20 21

PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

---- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3,I LN 1.05 (IRF) OR 1.09 (IPF).

ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
14-0075 I FROM 1/1/2008 I WORKSHEET E-3

COMPONENT NO: I TO 12/31/2008 I PART III

I I I I I I I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF_PPS
1 2 3 4	COMPUTATION OF NET COST OF COVER INPATIENT HOSPITAL/SNF/NF SERVIC MEDICAL AND OTHER SERVICES INTERNS AND RESIDENTS (SEE INSTRORGAN ACQUISITION (CERT TRANSPLA	CES RUCTIONS) ANT CENTERS ONLY)	1 14,361,996	2
5 6 7 8 9	COST OF TEACHING PHYSICIANS (SEE SUBTOTAL INPATIENT PRIMARY PAYER PAYMENTS OUTPATIENT PRIMARY PAYER PAYMENT SUBTOTAL	S	14,361,996 14,361,996	
	COMPUTATION OF LESSER OF COST OF	R CHARGES		
10 11 12 13 14 15	REASONABLE CHARGES ROUTINE SERVICE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CHORGAN ACQUISITION CHARGES, NET OF TEACHING PHYSICIANS INCENTIVE FROM TARGET AMOUNT CONTOTAL REASONABLE CHARGES	OF REVENUE	9,159,298 12,236,220 21,395,518	
10	CUSTOMARY CHARGES		21,393,310	
17 18 19	AMOUNT ACTUALLY COLLECTED FROM PAYMENT FOR SERVICES ON A CHARGE AMOUNTS THAT WOULD HAVE BEEN REFOR PAYMENT FOR SERVICES ON A CHARGE MADE IN ACCORDANCE WITH 42 RATIO OF LINE 17 TO LINE 18	E BASIS ALIZED FROM PATIENTS LIABLE HARGE BASIS HAD SUCH PAYMENT		
20 21	TOTAL CUSTOMARY CHARGES (SEE INSEXCESS OF CUSTOMARY CHARGES OVER		21,395,518 7,033,522	
22 23	EXCESS OF REASONABLE COST OVER COST OF COVERED SERVICES	CUSTOMARY CHARGES	14,361,996	
24 25 26 27 28 29 30 31 32	PROSPECTIVE PAYMENT AMOUNT OTHER THAN OUTLIER PAYMENTS OUTLIER PAYMENTS PROGRAM CAPITAL PAYMENTS CAPITAL EXCEPTION PAYMENTS (SEE ROUTINE SERVICE OTHER PASS THROUT ANCILLARY SERVICE OTHER PASS THROUT SUBTOTAL CUSTOMARY CHARGES (TITLE XIX PPS TITLES V OR XIX PPS, LESSER OF I XVIII ENTER AMOUNT FROM LINE 30 DEDUCTIBLES (EXCLUDE PROFESSIONA	UGH COSTS ROUGH COSTS S COVERED SERVICES ONLY) LNS 30 OR 31; NON PPS & TITLE	14,361,996 14,361,996	
34	COMPUTATION OF REIMBURSEMENT SET EXCESS OF REASONABLE COST	TTLEMENT		
35 36 37 38 38.01	SUBTOTAL COINSURANCE SUM OF AMOUNTS FROM WKST. E, PAR REIMBURSABLE BAD DEBTS (SEE INST ADJUSTED REIMBURSABLE BAD DEBTS BEFORE 10/01/05 (SEE INSTRUCTION REIMBURSABLE BAD DEBTS FOR DUAL ADJUSTED REIMBURSABLE BAD DEBTS ON OR AFTER 10/01/05 (SEE INSTRU UTILIZATION REVIEW	TRUCTIONS) FOR PERIODS ENDING NS) ELIGIBLE BENEFICIARIES FOR PERIODS BEGINNING	14,361,996	
40 41 42 43 44 45 46 47 48 49 50	SUBTOTAL (SEE INSTRUCTIONS) INPATIENT ROUTINE SERVICE COST MEDICARE INPATIENT ROUTINE CHARC AMOUNT ACTUALLY COLLECTED FROM PAYMENT FOR SERVICES ON A CHARGE AMOUNTS THAT WOULD HAVE BEEN REAFOR PAYMENT OF PART A SERVICES RATIO OF LINE 43 TO 44 TOTAL CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHARGES OVER EXCESS OF REASONABLE COST OVER OF RECOVERY OF EXCESS DEPRECIATION TERMINATION OR A DECREASE IN PROOTHER ADJUSTMENTS (SPECIFY)	PATIENTS LIABLE FOR E BASIS ALIZED FROM PATIENTS LIABLE R REASONABLE COST CUSTOMARY CHARGES RESULTING FROM PROVIDER	14,361,996	
51 52 53	AMOUNTS APPLICABLE TO PRIOR COST RESULTING FROM DISPOSITION OF DE SUBTOTAL INDIRECT MEDICAL EDUCATION ADJUS	EPRECIABLE ASSETS	14,361,996	
54 55	DIRECT GRADUATE MEDICAL EDUCATION TOTAL AMOUNT PAYABLE TO THE PROVI	ON PAYMENTS VIDER	14,361,996	
56 57 57.01 58 59	SEQUESTRATION ADJUSTMENT (SEE IN INTERIM PAYMENTS TENTATIVE SETTLEMENT (FOR FISCAL BALANCE DUE PROVIDER/PROGRAM PROTESTED AMOUNTS (NONALLOWABLE IN ACCORDANCE WITH CMS PUB. 15-1	L INTERMEDIARY USE ONLY) COST REPORT ITEMS)	14,361,996	

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009
14-0075 I FROM 1/1/2008 I WORKSHEET E-3

COMPONENT NO: I TO 12/31/2008 I PART III

14-S075 I I I I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS 2
1 2 3 4	COMPUTATION OF NET COST OF COVI INPATIENT HOSPITAL/SNF/NF SERVI MEDICAL AND OTHER SERVICES INTERNS AND RESIDENTS (SEE INSORGAN ACQUISITION (CERT TRANSPI	ICES TRUCTIONS) LANT CENTERS ONLY)	1 6,455,343	2
5 6 7 8 9	COST OF TEACHING PHYSICIANS (SI SUBTOTAL INPATIENT PRIMARY PAYER PAYMEN OUTPATIENT PRIMARY PAYER PAYMEN SUBTOTAL	TS	6,455,343 6,455,343	
,	COMPUTATION OF LESSER OF COST (OR CHARGES	0, .55,5 .5	
10 11 12	REASONABLE CHARGES ROUTINE SERVICE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE (CHARGES	9,808,070 2,531,195	
13 14 15 16	ORGAN ACQUISITION CHARGES, NET TEACHING PHYSICIANS INCENTIVE FROM TARGET AMOUNT CO TOTAL REASONABLE CHARGES		12,339,265	
17 18	CUSTOMARY CHARGES AMOUNT ACTUALLY COLLECTED FROM PAYMENT FOR SERVICES ON A CHARG AMOUNTS THAT WOULD HAVE BEEN RI FOR PAYMENT FOR SERVICES ON A G BEEN MADE IN ACCORDANCE WITH 42	GE BASIS EALIZED FROM PATIENTS LIABLE CHARGE BASIS HAD SUCH PAYMENT		
19 20 21 22	RATIO OF LINE 17 TO LINE 18 TOTAL CUSTOMARY CHARGES (SEE IN EXCESS OF CUSTOMARY CHARGES OVI EXCESS OF REASONABLE COST OVER	ER REASONABLE COST	12,339,265 5,883,922	
23	COST OF COVERED SERVICES		6,455,343	
24 25 26 27 28 29 30 31 32	XVIII ENTER AMOUNT FROM LINE 30	DUGH COSTS HROUGH COSTS PS COVERED SERVICES ONLY) LNS 30 OR 31; NON PPS & TITLE 0	6,455,343 6,455,343	
33 34 35	DEDUCTIBLES (EXCLUDE PROFESSION COMPUTATION OF REIMBURSEMENT SI EXCESS OF REASONABLE COST SUBTOTAL		6,455,343	
36 37 38 38.01 38.02	COINSURANCE SUM OF AMOUNTS FROM WKST. E, PAREIMBURSABLE BAD DEBTS (SEE INSTAUDING TO THE PROPERTY OF THE PROPE	STRUCTIONS) S FOR PERIODS ENDING ONS) L ELIGIBLE BENEFICIARIES S FOR PERIODS BEGINNING	0,733,343	
40 41 42 43 44 45 46	SUBTOTAL (SEE INSTRUCTIONS) INPATIENT ROUTINE SERVICE COST MEDICARE INPATIENT ROUTINE CHAI AMOUNT ACTUALLY COLLECTED FROM PAYMENT FOR SERVICES ON A CHARC AMOUNTS THAT WOULD HAVE BEEN RI FOR PAYMENT OF PART A SERVICES RATIO OF LINE 43 TO 44 TOTAL CUSTOMARY CHARGES	RGES PATIENTS LIABLE FOR GE BASIS EALIZED FROM PATIENTS LIABLE	6,455,343	
47 48 49 50 51	EXCESS OF CUSTOMARY CHARGES OVI EXCESS OF REASONABLE COST OVER RECOVERY OF EXCESS DEPRECIATION TERMINATION OR A DECREASE IN PI OTHER ADJUSTMENTS (SPECIFY) AMOUNTS APPLICABLE TO PRIOR COS RESULTING FROM DISPOSITION OF I	CUSTOMARY CHARGES N RESULTING FROM PROVIDER ROGRAM UTILIZATION ST REPORTING PERIODS		
52 53	SUBTOTAL INDIRECT MEDICAL EDUCATION ADJU	USTMENT (PPS ONLY)	6,455,343	
54 55 56 57	DIRECT GRADUATE MEDICAL EDUCAT: TOTAL AMOUNT PAYABLE TO THE PRO SEQUESTRATION ADJUSTMENT (SEE: INTERIM PAYMENTS	OVIDER INSTRUCTIONS)	6,455,343	
57.01 58 59	TENTATIVE SETTLEMENT (FOR FISCA BALANCE DUE PROVIDER/PROGRAM PROTESTED AMOUNTS (NONALLOWABLI IN ACCORDANCE WITH CMS PUB. 15	E COST REPORT ITEMS)	6,455,343	

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

NO: I PERIOD: I PREPARED 6/27/2009

I FROM 1/ 1/2008 I WORKSHEET E-3

NO: I TO 12/31/2008 I PART III

I I PROVIDER NO: 14-0075 COMPONENT NO: 14-T075

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PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

COMPUTATION OF NET COST OF COVERED SENVICE 1		TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
SOUTO OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) SUBTOTAL OUTPATIENT PERDAMAY PAYER PAYMENTS OUTPATIENT PERDAMAY PAYER PAYMENTS SUBTOTAL COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES REASONABLE CHARGES ROUTHER SERVICE CHARGES 112. INTERNS AND RESIDENTS SERVICE CHARGES 121. INTERNS AND RESIDENTS SERVICE CHARGES 122. INTERNS AND RESIDENTS SERVICE CHARGES 123. ORGAN ACQUISITION CHARGES, NET OF REVENUE 14 TEACHING PHYSICLANS 15 TIMENTS AND RESIDENTS SERVICE CHARGES 16 TOTAL REASONABLE CHARGES 17 AMOUNT ACQUISITION CHARGES, NET OF REVENUE 18 THE CHARGES AND RESIDENTS SERVICE CHARGES 18 TIMENTS AND RESIDENTS SERVICE CHARGES 19 ORGAN ACQUISITION CHARGES, NET OF REVENUE 19 TOTAL REASONABLE CHARGES 10 TOTAL REASONABLE CHARGES 10 TOTAL REASONABLE CHARGES 10 AMOUNT ACQUISITION CHARGES (SEE INSTRUCTIONS) 10 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) 10 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) 10 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) 11 EXCESS OF CUSTOMARY CHARGES (SEE INSTRUCTIONS) 12 EXCESS OF CUSTOMARY CHARGES (SEE INSTRUCTIONS) 13 COST OF COVERED SERVICES 14 CAPITAL EXCEPTION PAYMENTS 15 CAPITAL EXCEPTION PAYMENTS 16 PROGRAM CAPITAL PAYMENTS 17 CAPITAL EXCEPTION PAYMENTS 18 CAPITAL EXCEPTION PAYMENTS 19 CAPITAL EXCEPTION PAYMENTS 19 CAPITAL EXCEPTION PAYMENTS 10 COST OF COVERED SERVICES ON SOR 31: NON PPS & TITLE 11 CAPITAL EXCEPTION PAYMENTS 12 COST OF COVERED SERVICES ON SOR 31: NON PPS & TITLE 14 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) 15 COST OF RESONABLE COST OF CONTROL CONTROL COST ON THE CONTROL COST ON THE CONTROL COST ON THE CONTROL COST ON THE	2	INPATIENT HOSPITAL/SNF/NF SERVI MEDICAL AND OTHER SERVICES INTERNS AND RESIDENTS (SEE INST	ICES FRUCTIONS)	1 359,172	2
REASONABLE CHARGES REASONABLE CHARGES 1 ROUTINE SERVICE CHARGES 11 ANTILLARY SERVICE CHARGES 12 INTERINS SAND RESIDENTS SERVICE CHARGES 13 ANTILLARY SERVICE CHARGES 14 ANTILLARY SERVICE CHARGES 15 INCENTIVE FROM TARGET AMOUNT COMPUTATION 16 TOTAL REASONABLE CHARGES 17 AND THE ALTHOUGH CHARGES 18 AND RESIDENT FOR SERVICES ON A CHARGE BASIS 18 ANDUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS IN ADUNTA CHARLEY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS IN ADUNTA STHAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS IN ADUNTA STHAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS IN ADUNTA STHAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS IN ADUNTA STHAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS IN ADUNTA SHAPPEN FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT FOR SERVICES ON A CHARGE SIGE INSTRUCTIONS) 10 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) 21 COST OF COVERED SERVICES 22 COST OF COVERED SERVICES 23 COST OF COVERED SERVICES 24 PROSENCE AND	6 7	SUBTOTAL INPATIENT PRIMARY PAYER PAYMENT	rs	359,172	
REASONABLE CHARGES 10 MOUTINE SERVICE CHARGES 11 INTERNS AND RESIDENTS SERVICE CHARGES 12 INTERNS AND RESIDENTS SERVICE CHARGES 13 ORGAN ACQUISTION CHARGES, NET OF REVENUE 14 TEACHING PHYSICIANS 15 INCENTIVE FROM TARGET AMOUNT COMPUTATION 16 TOTAL REASONABLE CHARGES 17 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS OF PAYMENT CHARGES (SEE CHARGE BASIS OF PAYMENT BASIS OF PAYMENT CHARGES (SEE CHARGE BASIS CHARGE	9			359,172	
100 ROUTINE SERVICE CHARGES 110 ANCILLARY SERVICE CHARGES 121 ANTERNS AND RESIDENTS SERVICES CHARGES 122 INTERNS AND RESIDENTS SERVICES OF REVENUE 123 INTERNS AND RESIDENTS SERVICES OF REVENUE 134 TEACHING PHYSICLAND 155 INCENTIVE FROM TARGET AMOUNT COMPUTATION 156 TICKENTIVE FROM TARGET AMOUNT COMPUTATION 157 THE RESONABLE CHARGES 158 CLISTOMARY CHARGES 159 AMOUNTS THAT WOULD HAVE BEEN RELIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS 150 AMOUNTS THAT WOULD HAVE BEEN RELIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT 150 RATIO OF LINE 137 OLINE 138 150 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) 151 RANGE OF COVERED SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT 152 EXCESS OF REASONABLE COST TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) 153 COST OF COVERED SERVICES 154 CAPTA THAN OUTLER PAYMENTS 157 CAPTA THAN OUTLER PAYMENTS 158 COUTLER PAYMENTS 159 ANCILLAR EXCEPTION PAYMENTS (SEE INSTRUCTIONS) 150 ROUTINE SERVICE OTHER PASS THROUGH COSTS 150 ANCILLARY SERVICE OTHER PASS THROUGH COSTS 150 ANCILLARY SERVICE OTHER PASS THROUGH COSTS 150 ANCILLARY SERVICE OTHER PASS THROUGH COSTS 150 SUBTUAL 150 CHARGES (TITLE XIX PPS COVERED SERVICES ONLY) 150 TITLE EXCEPTION PAYMENTS (SEE INSTRUCTIONS) 151 CHARGES (TITLE XIX PPS COVERED SERVICES ONLY) 151 TITLES VO RIX PPS, LESSER OF LOSS 30 OR 31; NON PPS & TITLE 151 XITLE EXCEPTION PROFESSIONAL COMPONENT) 152 COMPUTATION OF RETMBURSHENT SETTLEMENT 153 SUBTOTAL 154 CAPTA THAN OUTLER PROFESSIONAL COMPONENT) 155 SUBTOTAL 155 COLDISIONAL SERVICE OTHER PASS THROUGH COSTS 155 COLDISIONAL SERVICE OTHER PASS THROUGH COSTS 156 SUBTOTAL 157 CAPTA THAN OUTLER PROFESSIONAL COMPONENT) 157 CAPTA THAN OUTLER PROFESSIONAL COMPONENT) 157 COMPUTATION OF RETMBURSHENT SETTLEMENT 157 CAPTA THAN OUTLER PROFESSIONAL COMPONENT) 158 SUBTOTAL 158 COLDISIONAL SERVICE COSTS 159 CARRIAGES (SEE INSTRUCTIONS) 150 COLDISIONAL SERVICE COSTS 150 CARRIAGES (SEE INSTRUCTIONS) 151 CARRIAGES (SEE INSTRUCTIONS) 152 COST OF REASONABLE BAD DEBTS OF REPRINGE SERV			DR CHARGES		
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	58	TENTATIVE SETTLEMENT (FOR FISCA BALANCE DUE PROVIDER/PROGRAM PROTESTED AMOUNTS (NONALLOWABLE	E COST REPORT ITEMS)	346,563	

IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET E-3
I TO 12/31/2008 I PART IV I

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT	
1 NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01 NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR) 2 UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01 UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3 AGGREGATE APPROVED AMOUNT	
3.01 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC	199.52
PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	
3.02 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP	
FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC	-35.47
PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR $413.86(g)(4)$. E-3, PT 6 LN 4 + LINE 3.03	
3.04 FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03) 155.04 -35.47	119.57
3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	33.84
3.06 ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	33.84
3.07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN	28.82
ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN	
COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS	
IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO. 3.08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN	3.00
ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN	3.00
COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS	
IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.09 ENTER THE SUM OF LINES 3.07 AND 3.08.	31.82
3.10 SEE INSTRUCTIONS 2.11 WEIGHTED DENTAL & PODIATRIC RESIDENT FOR CURL YEAR	31.82 2.49
3.11 WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS	2.49
IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12 SEE INSTRUCTIONS	5.49
3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE	11.88
RESIDENTS FOR THE PRIOR COST REPORTING YEAR	
(SEE INSTRUCTIONS) 3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE	24.99
RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR	24.33
(SEE INSTRUCTIONS)	
3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) RES INIT YEARS	14.12
3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF	14.12
NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW	
ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS) 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	02 700 05
J.17 ENTER THE NON KIMARY CARE LER RESIDENT AMOUNT.	
3.18 SEE INSTRUCTIONS	93,798.95 1.324.441
3.18 SEE INSTRUCTIONS 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND	1,324,441 63.15
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	1,324,441 63.15
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND	1,324,441
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	1,324,441 63.15 64.59
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS RES INIT YEARS	1,324,441 63.15 64.59 52.19
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	1,324,441 63.15 64.59
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS RES INIT YEARS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,324,441 63.15 64.59 52.19 52.19 99,057.76
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS RES INIT YEARS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS	1,324,441 63.15 64.59 52.19 52.19
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS RES INIT YEARS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,324,441 63.15 64.59 52.19 52.19 99,057.76 5,169,824
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS OF PENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS	1,324,441 63.15 64.59 52.19 52.19 99,057.76
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS RES INIT YEARS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,324,441 63.15 64.59 52.19 52.19 99,057.76 5,169,824
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.26 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,324,441 63.15 64.59 52.19 52.19 99,057.76 5,169,824 6,494,265
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS OPPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 COMPUTATION OF PROGRAM PATIENT LOAD 4 PROGRAM PART A INPATIENT DAYS	1,324,441 63.15 64.59 52.19 52.19 99,057.76 5,169,824 6,494,265
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 COMPUTATION OF PROGRAM PATIENT LOAD 4 PROGRAM PART A INPATIENT DAYS 5 TOTAL INPATIENT DAYS	1,324,441 63.15 64.59 52.19 99,057.76 5,169,824 6,494,265
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 COMPUTATION OF PROGRAM PATIENT LOAD 4 PROGRAM PART A INPATIENT DAYS 5 TOTAL INPATIENT DAYS 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11	1,324,441 63.15 64.59 52.19 59,057.76 5,169,824 6,494,265 4,621 22,005 .209998
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 COMPUTATION OF PROGRAM PATIENT LOAD 4 PROGRAM PART A INPATIENT DAYS 5 TOTAL INPATIENT DAYS 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1,363,783	1,324,441 63.15 64.59 52.19 52.19 99,057.76 5,169,824 6,494,265 4,621 22,005 .20998 1,363,783
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 COMPUTATION OF PROGRAM PATIENT LOAD 4 PROGRAM PART A INPATIENT DAYS 5 TOTAL INPATIENT DAYS 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11	1,324,441 63.15 64.59 52.19 59,057.76 5,169,824 6,494,265 4,621 22,005 .209998
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS OF PRIOR ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 COMPUTATION OF PROGRAM PATIENT LOAD 4 PROGRAM PART A INPATIENT DAYS 5 TOTAL INPATIENT DAYS 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 6.02 PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	1,324,441 63.15 64.59 52.19 99,057.76 5,169,824 6,494,265 4,621 22,005 .209998 1,363,783 700 22,005
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 or AFTER 10/01/2001 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 or AFTER 10/01/2001 COMPUTATION OF PROGRAM PATIENT LOAD 4 PROGRAM PART A INPATIENT DAYS 5 TOTAL INPATIENT DAYS 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1,363,783 6.02 PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE	1,324,441 63.15 64.59 52.19 99,057.76 5,169,824 6,494,265 4,621 22,005 .209998 1,363,783 700
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3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 COMPUTATION OF PROGRAM PATIENT LOAD 4 PROGRAM PART A INPATIENT DAYS 5 TOTAL INPATIENT DAYS 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 6.02 PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 0F THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON	1,324,441 63.15 64.59 52.19 99,057.76 5,169,824 6,494,265 4,621 22,005 .209998 1,363,783 700 22,005
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3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS OBEENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 COMPUTATION OF PROGRAM PATIENT LOAD 4 PROGRAM PART A INPATIENT DAYS 5 TOTAL INPATIENT DAYS 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 6.02 PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD. 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING PERIOD.	1,324,441 63.15 64.59 52.19 99,057.76 5,169,824 6,494,265 4,621 22,005 .209998 1,363,783 700 22,005 100.00 177,398
3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS) 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) 3.21 SEE INSTRUCTIONS 3.22 SEE INSTRUCTIONS 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001 COMPUTATION OF PROGRAM PATIENT LOAD 4 PROGRAM PART A INPATIENT DAYS 5 TOTAL INPATIENT DAYS 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 6.02 PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD. 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING PERIOR. 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA	1,324,441 63.15 64.59 52.19 99,057.76 5,169,824 6,494,265 4,621 22,005 .209998 1,363,783 700 22,005 100.00
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APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY PART A REASONABLE COST

12 REASONABLE COST (SEE INSTRUCTIONS)

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL
DIRECT GRADUATE MEDICAL EDUCATION (GME)

& ESRD OUTPATIENT DIRECT MEDICAL
EDUCATION COSTS

| I PROVIDER NO: | I PERIOD: | I PREPARED 6/27/2009
| I FROM 1/ 1/2008 | I WORKSHEET E-3
| I TO 12/31/2008 | I PART IV

TITLE XVIII 13 ORGAN ACQUISITION COSTS 14 COST OF TEACHING PHYSICIANS 15 PRIMARY PAYER PAYMENTS 16 TOTAL PART A REASONABLE COST	10,295,206
PART B REASONABLE COST	
17 REASONABLE COST	2,846,978
18 PRIMARY PAYER PAYMENTS	2,0.0,570
19 TOTAL PART B REASONABLE COST	2,846,978
20 TOTAL REASONABLE COST	13,142,184
21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.783371
22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.216629
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B 23 TOTAL PROGRAM GME PAYMENT	
23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97	1,541,181
(SUM OF LINES 6.01, 6.05, & 6.08)	• •
24 PART A MEDICARE GME PAYMENTTITLE XVIII ONLY	1,207,317
25 PART B MEDICARE GME PAYMENTTITLE XVIII ONLY	333,864

al Systems MCRIF32 FOR MICHAEL F CALCULATION OF GME AND IME PAYMENTS FOR REDISTRIBUTION OF UNUSED RESIDENCY SLOTS Health Financial Systems FOR MICHAEL REESE HOSPITAL

IN LIEU OF FORM CMS-2552-96-E-3-6 (02/2006)
NO: I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I WORKSHEET E-3
I TO 12/31/2008 I PART VI PROVIDER NO: 14-0075 Ι

TITLE XVIII

CALCULATION OF	REDUCED	DIRECT	GME	CAP	UNDER	SECTION	422	OF	MMA

1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	COLUMN 1 1.000000	COLUMN 1.01
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	155.04	
3	UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	199.52	
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	155.04	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE

- RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS
- (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT 8
- (SEE INSTRUCTIONS)
- 10
- 11
- MULTIPLY LINE 7 TIMES LINE 8
 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	156.43
14	UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05	200.82
15	PRORATED REDUCED ALLOWABLE IME FTE CAP	156.43

- CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP

 SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).

 17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)

 - OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS 18 STRADDLING 7/1/2005)
 - 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
 - IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS) 20
 - 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
 - 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
 - 23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

Health Financial Systems

MCRIF32

FOR MICHAEL REESE HOSPITAL

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BALANCE SHEET

IN LIEU OF FORM CMS-2552-96 (06/2003) I PERIOD: I PREPARED 6/27/2009
I FROM 1/ 1/2008 I
I TO 12/31/2008 I WORKSHEET G PROVIDER NO: 14-0075

GENERAL SPECIFIC ENDOWMENT PLANT PURPOSE FUND FUND FUND **ASSETS** FUND 1 3 4 CURRENT ASSETS CASH ON HAND AND IN BANKS 1 317,771 TEMPORARY INVESTMENTS NOTES RECEIVABLE ACCOUNTS RECEIVABLE 7,168,139 OTHER RECEIVABLES
LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS 8,586,338 -5,992,305 6 RECEIVABLE INVENTORY 2,248,187 PREPAID EXPENSES 1,725,619 OTHER CURRENT ASSETS 10 DUE FROM OTHER FUNDS 14,053,749 11 TOTAL CURRENT ASSETS FIXED ASSETS 12 LAND 12.01 LAND IMPROVEMENTS 13 13.01 LESS ACCUMULATED DEPRECIATION BUILDINGS 14 14.01 LESS ACCUMULATED DEPRECIATION LEASEHOLD IMPROVEMENTS 15 722,165 15.01 LESS ACCUMULATED DEPRECIATION -120,798 FIXED EQUIPMENT 16.01 LESS ACCUMULATED DEPRECIATION 17 AUTOMOBILES AND TRUCKS 17.01 LESS ACCUMULATED DEPRECIATION MAJOR MOVABLE EQUIPMENT 54,212,999 18 18.01 LESS ACCUMULATED DEPRECIATION
19 MINOR EQUIPMENT DEPRECIABLE
19.01 LESS ACCUMULATED DEPRECIATION -48,602,022 4,490,136 -4,116,293 MINOR EQUIPMENT-NONDEPRECIABLE 20 TOTAL FIXED ASSETS 21 6,586,187 OTHER ASSETS 22 **INVESTMENTS** 23 DEPOSITS ON LEASES DUE FROM OWNERS/OFFICERS 2,068,415 2,068,415 25 OTHER ASSETS TOTAL OTHER ASSETS 26 22,708,351 TOTAL ASSETS

Health Financial Systems

MCRIF32 FOR MICHAEL REESE HOSPITAL

IN LIEU OF FORM CMS-2552-96 (06/2003)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET G I I I BALANCE SHEET

		GENERAL	SPECIFIC	ENDOWMENT	PLANT
		FUND	PURPOSE	FUND	FUND
	LIABILITIES AND FUND BALANCE		FUND		
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	26,224,548			
29	SALARIES, WAGES & FEES PAYABLE	656,167			
30	PAYROLL TAXES PAYABLE	71,100			
31	NOTES AND LOANS PAYABLE (SHORT TERM)	,			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS				
35	OTHER CURRENT LIABILITIES	8,599,700			
36	TOTAL CURRENT LIABILITIES	35,551,515			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE				
38	NOTES PAYABLE	18,255,229			
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES	30,554,542			
42	TOTAL LONG-TERM LIABILITIES	48,809,771			
43	TOTAL LIABILITIES	84,361,286			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	-61,652,935			
45	SPECIFIC PURPOSE FUND				
46	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49	PLANT FUND BALANCE-INVESTED IN PLANT				
50	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT,				
	REPLACEMENT AND EXPANSION				
51	TOTAL FUND BALANCES	-61,652,935			
52	TOTAL LIABILITIES AND FUND BALANCES	22,708,351			

IN LIEU OF FORM CMS-2552-96 (09/1996)

PROVIDER NO: I PERIOD: I PREPARED 6/27/2009

14-0075 I FROM 1/ 1/2008 I WORKSHEET G-1
I TO 12/31/2008 I Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL I I I STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL F	UND 2	SPECIFIC PURPOSE	FUND 4
1	FUND BALANCE AT BEGINNING OF PERIOD	-	-37,135,681	J	•
2	NET INCOME (LOSS) TOTAL		-24,517,254 -61,652,935		
4	ADDITIONS (CREDIT ADJUSTMENTS) ADDITIONS (CREDIT ADJUSTM	(SPECIFY)	01,031,333		
5 6	7.551.150.05 (CML511 7.5500 M				
7 8					
9 10	TOTAL ADDITIONS				
11	SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS)	(SPECIFY)	-61,652,935		
12 13	DEDUCTIONS (DEBIT ADJUSTM				
14 15					
16 17					
18 19	TOTAL DEDUCTIONS FUND BALANCE AT END OF		-61,652,935		
	PERIOD PER BALANCE SHEET				
		ENDOWMENT	FUND	DI ANT FUND	
		ENDOWMENT 5	6	PLANT FUND 7	8
1	OF PERIOD				
2 3	NET INCOME (LOSS) TOTAL				
4	ADDITIONS (CREDIT ADDIESTMENTS)				
	ADDITIONS (CREDIT ADJUSTMENTS) ADDITIONS (CREDIT ADJUSTM	(SPECIFY)			
5 6		(SPECIFY)			
5 6 7 8		(SPECIFY)			
5 6 7 8 9 10	ADDITIONS (CREDIT ADJUSTM TOTAL ADDITIONS	(SPECIFY)			
5 6 7 8 9 10 11	ADDITIONS (CREDIT ADJUSTM TOTAL ADDITIONS SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS)				
5 6 7 8 9 10 11	ADDITIONS (CREDIT ADJUSTM TOTAL ADDITIONS SUBTOTAL				
5 6 7 8 9 10 11 12 13 14 15	ADDITIONS (CREDIT ADJUSTM TOTAL ADDITIONS SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS)				
5 6 7 8 9 10 11 12 13 14 15 16 17	ADDITIONS (CREDIT ADJUSTM TOTAL ADDITIONS SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS) DEDUCTIONS (DEBIT ADJUSTM				
5 6 7 8 9 10 11 12 13 14 15 16	ADDITIONS (CREDIT ADJUSTM TOTAL ADDITIONS SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS)				

Health Financial Systems	MCRIF32	FOR MICHAEL REESE HOSPITA	۸L	IN L	EU OF FORM CMS-2552	2-96	(09/1996)
			I	PROVIDER NO:			PREPARED 6/27/2009
STATEMENT OF PATI	ENT REVENUES A	AND OPERATING EXPENSES	I	14-0075	I FROM 1/ 1/2008	ßI	WORKSHEET G-2
			I		I TO 12/31/2008	ßI	PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
	GENERAL INPATIENT ROUTINE CARE SERVICES	_	_	-
1	00 HOSPITAL	6,386,117		6,386,117
2	00 SUBPROVIDER	12,977,430		12,977,430
2	01 REHABILITATION UNIT	910,480		910,480
4	00 SWING BED - SNF			
5	00 SWING BED - NF			
9	00 TOTAL GENERAL INPATIENT ROUTINE CARE	20,274,027		20,274,027
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00 INTENSIVE CARE UNIT	6,815,514		6,815,514
14	00 NEONATAL INTENSIVE CARE UNIT	4,041,554		4,041,554
15	00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	10,857,068		10,857,068
16	00 TOTAL INPATIENT ROUTINE CARE SERVICE	31,131,095		31,131,095
17	00 ANCILLARY SERVICES	36,560,919	21,850,888	58,411,807
18	00 OUTPATIENT SERVICES	2,952,961	6,168,240	9,121,201
24	00 NURSERY REVENUE	1,796,517		1,796,517
25	00 TOTAL PATIENT REVENUES	72,441,492	28,019,128	100,460,620

PART II-OPERATING EXPENSES

		TAKT II OF EKATING EXTENSES	
26 A	00 OPERATING EXPENSES DD (SPECIFY)		77,483,688
27	00 ADD (SPECIFY)		
28	00		
29	00		
30	00		
31	00		
32	00		
33	00 TOTAL ADDITIONS		
D	EDUCT (SPECIFY)		
34	00 DEDUCT (SPECIFY)		
35	00		
36	00		
37	00		
38	00		
39	00 TOTAL DEDUCTIONS		
40	00 TOTAL OPERATING EXPENSES		77,483,688

 Health Financial
 Systems
 MCRIF32
 FOR MICHAEL REESE HOSPITAL
 IN LIEU OF FORM CMS-2552-96
 (09/1996)

 I PROVIDER NO:
 I PERIOD:
 I PREPARED 6/27/2009

 I HA-0075
 I FROM 1/ 1/2008
 I WORKSHEET G-3

 I TO 12/31/2008
 I TO 12/31/2008

DESCRIPTION

1 2 3 4 5	TOTAL PATIENT REVENUES LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS NET PATIENT REVENUES LESS: TOTAL OPERATING EXPENSES NET INCOME FROM SERVICE TO PATIENTS	100,460,620 48,425,892 52,034,728 77,483,688 -25,448,960
3	OTHER INCOME	-23,446,900
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	110
10 11	PURCHASE DISCOUNTS REBATES AND REFUNDS OF EXPENSES	118
12	PARKING LOT RECEIPTS	73,094
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	73,031
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	146,657
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES	
17	TO OTHER THAN PATIENTS	04 551
17 18	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	94,551
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	1,219
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	3,661
22	RENTAL OF HOSPITAL SPACE	315,016
23	GOVERNMENTAL APPROPRIATIONS	
24	EMPLOYEE PARKING REVENUE	7,634
	EMPLOYE BUS SERVICE REVENUE	145
	OTHER OPERATING REVENUE	289,611
25 26	TOTAL OTHER INCOME TOTAL	931,706 -24,517,254
20	OTHER EXPENSES	-24,317,234
27	OTHER EXCENSES	
28		
29		
30	TOTAL OTHER EXPENSES	24 517 254
31	NET INCOME (OR LOSS) FOR THE PERIOD	-24,517,254

Health Financial Systems MCRIF32 FOR MICHAEL REESE HOSPITAL IN LIEU OF FORM CMS-2552-96 (2/2006)

CALCULATION OF CAPITAL PAYMENT I 14-0075 I FROM 1/ 1/2008 I WORKSHEET L

I COMPONENT NO: I TO 12/31/2008 I PARTS I-IV

I 14-0075 I I TO 12/31/2008 I PARTS I-IV

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
_	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	300,477
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	240
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	248
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	25.13
7	IN THE COST REPORTING PERIOD	25.15
4 .01	NUMBER OF INTERNS AND RESIDENTS	72.12
	(SEE INSTRUCTIONS)	
	! INDIRECT MEDICAL EDUCATION PERCENTAGE	52.70
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	158,351
_	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO	14.19
г 01	MEDICARE PART A PATIENT DAYS	F1 27
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	51.27
5 .02	SUM OF 5 AND 5.01	65.46
	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	14.17
	DISPROPORTIONATE SHARE ADJUSTMENT	42,578
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	501,654
PART II	- HOLD HARMLESS METHOD	,
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7 8	REDUCED OLD CAPITAL AMOUNT	
9	HOLD HARMLESS PAYMENT FOR NEW CAPITAL SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
	: - PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	.00
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
11	LEVEL TO CAPITAL PAYMENTS CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
11	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINUMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	